**ST-DONAT 2019 PERMISSION FORM**

***Please check that you have read the items below and return this form as well as the Inherent Risk form on the back to your child’s teacher by Wednesday, October 31, 2019.***

* Yes, my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to

(Student’s Name)

participate in the Grade 8 Trip to St-Donat, Québec on January 27-30, 2019.

*The school should be aware of special health conditions which might affect the progress or welfare of the students while on this activity. Please specify this information below, with comments or recommendations for your child:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I understand that participation in the trip is contingent on my child

demonstrating responsible and safe choices, both in learning skills and behaviour, over the school year, as outlined in the Vanier Code of Conduct and on my child’s effort to speak French at school. Failure to do so will result in my child not participating in this field trip.

* I have purchased the Board sponsored insurance plan for out-of-province travel OR the *Perspectives* sponsored insurance plan OR have comparable insurance (please insure that your policy covers your child when they are out-of-province and for travel if you are not accompanying him/her).

Parent/Guardian Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**We will require parents to assist us with supervision on our trip. If you might be able to do so and have a current CPIC completed please let us know below.**

**\_\_\_ I am available to help supervise.**

**\_\_\_ I have a current CPIC completed.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**