



APPENDIX - C
PARENT CONSENT FORM FOR EDUCATIONAL FIELD TRIPS/EXCURSIONS
 (Students Under 18 years)

Mme Lisa Teneveau of the Brant Haldimand Norfolk Catholic District School Board is arranging
 (Name of School Program)

Festival Francais Concert on Wed Nov. 22nd
 (description of activity, location, dates and mode of transportation)

at the Sanderson Centre 9:45 am show Gr. 6-8 students
 (description of activity, location, dates and mode of transportation - continued)

will be used to the performance

ELEMENTS OF RISK

Educational activity programs, such as the above, which is being offered, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all time while engaged in the activity.

If you choose to participate in above activity on Wed Nov. 22/23 you must understand that you will bear responsibility for any accident that might occur.

The Brant Haldimand Norfolk Catholic District School Board does not provide any accidental death, disability, dismemberment, dental or medical expenses insurance on behalf of the students participating in this activity.

The Brant Haldimand Norfolk Catholic District School Board strongly advises that all students participate in the STUDENT ACCIDENT INSURANCE PLAN offered by the Reliable Life Insurance Company which covers participants for all accidents, 24 hours per day, every day during the full policy term.

ACKNOWLEDGMENT

We have read the above. We understand that in participating in the above activity, we are assuming the risks associated with doing so.

Signature of Student: _____ Date: _____
 (Optional depending upon age)

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the performance to be held on or
 (please print full name of student)

about Wed Nov. 22/23

Signature of Parent/Guardian: _____ Date: _____

NOTE TO PARENT(S): PLEASE RETURN THIS FORM IN ITS ENTIRETY

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.