Simcoe County
District School Board

Overnight Field Trips
Consent Form

1. Student_____
   Surname First Name Middle
2. School **BYNG PUBLIC SCHOOL**
3. Legal Custodian_____
4. Address _____Phone_____
5. Business _____Phone_____
6. Emergency Phone (other than above)_____
7. Field Trip **GRADE 8 OTTAWA TRIP** Date **MAY 27-29 2015**
8. Does the student have any medical problems which might affect participation in this field trip?

   Provide details. _____

   _____
9. Does the student require medication or treatment?_____

   If so, state medication, dosage and frequency_____

   _____
10. Any other comments re health and medical_____

    _____
11. Will the student be carrying his/her Ontario Health Card? Yes ☐ No ☐
12. While trips are supervised by teaching staff, they involve activities beyond those of normal school programs. It is essential that legal custodians counsel their children on the necessity for extra care and co-operation.
13. I understand that if _____'s conduct is injurious to the safety or moral tone of the group, I will be contacted and _____ may, at the discretion of the supervising teacher, be returned home under supervision at my expense.
14. I permit ☐ do not permit ☐ my son/daughter to participate in this trip.

_____ _____ _____
Signature of Student Signature of Parent/Legal Custodian Date

NOTE: For all field trips, it is the parent's/guardian's option as to whether or not the student carries the Ontario Health card. Photocopies of cards or members without cards are not acceptable. Hospitals and physicians have an obligation to treat a person in need of medical assistance even if the person is not carrying his/her card.