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| BW7LOGOB AF 5603 **Bluewater District School Board**  351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 (519) 363-2014 or 1-800-661-7509 Fax (519) 370-2909  *\*form to be printed double-sided\**  **PARENTAL INFORMATION AND INFORMED CONSENT FOR FIELD TRIPS - *Page 1***  ***PARTS A, C, D and E (completed by the school) must be read, and PARTS B and F signed and returned to the school, by the parent/guardian of a participating student under 18 years of age, or a student 18 years of age or older, who wishes to participate.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART A: PARENTAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of Trip:** | | KDSS FOOTBALL TEAM-Tryouts and Practices | | | | | | | | | | | | | | | | | | | | | | | | **Date of Trip:** | | | | August 18-November 14 2025 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Depart From** | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | **Departure Time** | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | |
| **Destination** | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | **Destination Arrival Time** | | |
| KDSS School Field, Flats | | | | | | | | | | | | | | | | | | | | | | | 8/20-11/14 | | | | | | | | |  | | |
| **Return To** | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | **Return Arrival Time** | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | N/A | | | | | | | | |  | | |
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| OR See Schedule Attached | | | | | | | |  | | | |  | | OR | | | | | |  | | | | | | | | | | |  | | |
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| **Curriculum Expectations of Field Trip and Activities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PPL4O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OR See Information Sheet Attached | | | | | | | | | | |  | |  | | | | |  | | |  | | | | | | | | | | | | | |
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| **Transportation Provided By:** | | | | | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Cost to Student:** | | | $ 0.00 | | | | | | | | | | | |  | | **Available for payment in School Cash Online (until:**      ) | | | | | | | | | | | | | | | | | |
| *If you would like additional details regarding the Cost to Student (i.e., cost breakdown, incentives received etc), please contact your school directly.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Teacher-In-Charge:** | | | |  | D. Ogilvie/W. Morris | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent(s)/Legal Guardian(s) are responsible for arranging transportation to and from home if the departure and/or return times to the school are different from regular school bus schedules.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ontario Health Cards:** Students are responsible for carrying their Ontario Health Cards or Health Card number with them when going outside their local School Community. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please detach Part A and C - F and keep for reference. Please complete Part B and Part G (pg.2) and return to the school.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | Detach Along This Line | | | | | | | | | |  | | | | | | | | |
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| **PART B: PARENTAL INFORMATION and CONSENT (contact information is required in case of an emergency during this trip)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Trip** | | | | | |  | | | | | | | | | | | | | Telephone Numbers | | | | | | | | | | | | | | | |
| **Name of Trip** | | | | | |  | | | | | | | | | | | | | **Work** | | | | | | **Home** | | | | **Emergency** | | | | **Cell** | |
| **Name of Student** | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | |
| **Name of Parent/Guardian** | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | |
| **Name of Parent/Guardian** | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | |  | | | |  | |
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| I DO wish my student to participate in this activity | | | | | | | | | | | | | | | | | | | | | |  |  | | | | **Please read and complete**  **both sides of this form.** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I DO NOT wish my student to participate in this activity | | | | | | | | | | | | | | | | | | | | | |  |  | | | |
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| I wish to volunteer for this field trip | | | | | | | | | | | | | | | | | | | | | |  |  | | | |
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| I have paid for my student through School Cash Online | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |
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|  | | | | | | | | | **/** |  | | | | | | | | | | | | | |  | |  | |  | | | | | | |
| Signature(s) of Parent(s)/Legal Guardian(s) | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | Date | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | | |
| **A copy of the Bluewater Student Health Information and Consent to Release Form (AF 6813) will accompany students. It is the parents' responsibility to inform the school of any changes to the medical profile of their child. If a medical condition exists that may/will require intervention during the trip, please contact the supervising teacher to develop a Medical Emergency – Written Plan Form AF 6805.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Copies: School Emergency File; Trip Supervisor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal information on this form is collected under the authority of the Education Act R.S.O. 1990, c.E.2, and will be used for Student Health and Safety. Questions about this collection should be directed to the principal of the school. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rev 2023.03.29 (E-Template. 2013.05.15) AP 5602-D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| AF 5603 **PARENTAL INFORMATION AND INFORMED CONSENT FOR FIELD TRIPS - *Page 2***  ***PARTS A, C, D, E and F (completed by the school) must be read, and PARTS B and G signed and returned to the school, by the parent(s)/guardian(s) of a participating student under 18 years of age, or a student 18 years of age or older, who wishes to participate.*** | | | | | | | | | |
| PART C: TRIP INFORMATION | | | | | | | | | |
| Name of Trip: | KDSS FOOTBALL TEAM-Tryouts and Practices | | | | | | | | |
| Description of Field Trip / Activity: | | | |  | | | | | |
| Date(s) of Trip(s): | | August 20-Nov. 14 2025 | | | | | | | |
| **Location(s):** | | **KDSS School Field/The Flats** | | | | | | | |
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| **PART D: INHERENT HIGH RISK ACTIVITIES (to be filled out by school staff – if you require additional space please check this box**  **and attach an additional page) (e.g., heights, water, modes of transportation, equipment and materials etc.)** | | | | | | | | | |
| **Football is a collision sport played at high speeds, concussions, scrapes, bruises and broken bones can result.** | | | | | | | | | |
| **PART E: ELEMENTS OF RISK (to be filled out by school staff with as much detail as possible – if you require additional space, please check this box**  **and attach an additional page)** | | | | | | | | | |
| Field trips contain certain elements of risk. Injuries may occur while participating in these activities, and due to the very nature of some field trips/activities, the risk of injury may increase. The chances of an injury occurring can be reduced by carefully following instructions at all times while engaged in the field trip/activity.  The following is a list of the types of injuries/risks which may result from participating in the field trip/activity noted in PART A and is for example purposes only. It is not intended to be an exhaustive list of possible injuries that could result (e.g., bruises, cuts/scrapes, insect bites, sun exposure, concussion, serious injury, death etc.): | | | | | | | | | |
| **Bruises, broken bones, cuts and scrapes are all possible. Practice will be outside, so sunburns, insect bites and random wild animals could also lead to injuries.** | | | | | | | | | |
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| **PART F: ACCIDENT INSURANCE NOTICE** | | | | | | | | | |
| Bluewater District School Board does **not** provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. The board makes available an Accident and Life Insurance program through Reliable Life Insurance Company. Participation is voluntary and costs are to be paid by the parent/guardian/adult student. You may apply directly at [www.insuremykids.com](http://www.insuremykids.com) or by calling toll free 1-800-463-5437. | | | | | | | | | |
|  | | | |  | | Detach Along This Line | | |  |
|  | | | |  | |  |
| **Attention: Parent/Guardian or Adult Student - Please detach the above sections (Part C - Part F) and keep for your reference, along with Part A from page 1 of this form.**  **Please complete Part G: Acknowledgement and return to the school.**  ***\*\*Please ensure that you have read and completed both sides of this form\*\**** | | | | | | | | | |
| **PART G: ACKNOWLEDGEMENT** | | | | | | | | | |
| **I/WE HAVE READ THE ABOVE. I/WE HAVE CONSIDERED AND EVALUATED THE NATURE, SCOPE AND EXTENT OF THE RISKS OF THIS FIELD/TRIP ACTIVITY AND UNDERSTAND THAT BY PARTICIPATING IN THE FIELD TRIP/ACTIVITY DESCRIBED ABOVE, I/WE ARE VOLUNTARILY ASSUMING THE RISKS ASSOCIATED WITH DOING SO.**  **I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND ACCEPTED THE TERMS OF THIS FORM AND GIVE MY STUDENT PERMISSION TO PARTICIPATE IN THE FIELD TRIP/ ACTIVITY DESCRIBED ABOVE, ON THE DATE(S) LISTED.** | | | | | | | | | |
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| **Student First and Last Name (Print Clearly)** | | | | | | |  | | |
|  | | | **/** | |  | |  |  | |
| **Signature(s) of Parent(s)/Guardian(s) or Adult Student**  **(student if over 18)** | | | | | | |  | **Date** | |
| **Copies: School Emergency File; Trip Supervisor** | | | | | | | | | |
| Personal information on this form is collected under the authority of the Education Act R.S.O. 1990, c.E.2, and will be used for Student Health and Safety. Questions about this collection should be directed to the principal of the school. | | | | | | | | | |
| Rev 2023.03.29 (E-Template. 2013.05.15) AP 5602-D | | | | | | | | | |