

Elmwood School Parent/Guardian Consent Form
for Excursion to:

_____ (name of event)

** In the case of shared custody, BOTH parents must sign this permission form **

Date of Trip: _____

Destination: _____

Cost: \$ _____ (if applicable)

I hereby allow Elmwood School to bill my account \$ _____ for this event. **I understand that Elmwood School will incur fixed costs as a result of this commitment and accordingly there are no refunds in the event that my daughter is unable to participate.**

Parent Signature(s)

Date

Please sign and return this form to your homeroom/SLG teacher.

MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION

Student: _____ Birth Date: _____
Month Day Year

Family Doctor: _____ Phone: _____

Medical Condition(s):

Medication(s): _____

Allergies: _____

Ontario Health Card Number: _____

Emergency Contact: _____ Phone: _____

CONSENT TO PARTICIPATE & TERMS OF PARTICIPATION

I give my daughter _____ of Homeroom/SLG _____
permission to attend _____ on _____
(name of event) (date)

I understand that all of Elmwood School’s rules and policies as well as any rules and directives established by those leading the trip remain in full force and effect for the duration of the trip.

I acknowledge and agree that I/we are solely responsible for any costs arising out of my/our daughter’s breach of any of Elmwood School’s rules and policies (see Handbook) and/or any rules and directives established by those leading the trip and the resultant disciplinary actions, if any, whether occurring prior to or during the trip.

Furthermore, I/we acknowledge and agree that in the event that my/our daughter breaches any of Elmwood School’s rules and policies and/or any rules and directives established by those leading the trip while on the trip, Elmwood School may in its absolute discretion require that my/our daughter immediately return home and any expenses related to such a return (including without limitation travel, including travel of an adult to accompany my/our daughter, and any outstanding trip expenses) will be my/our sole responsibility.

I/we have read the foregoing carefully and agree to be bound it.

Signature of Parent(s)/Guardian(s)

Date

RELEASE AND INDEMNITY

In consideration of _____(name) being permitted to participate in the _____ (event), I/we do for myself, my/our daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, agree as follows:

I/we acknowledge and accept that participation in the trip may expose my/our daughter to unspecified risks and hazards, which are inherent in such trips, including without limitation, the method of transportation for the trip, all of which I/we expressly and voluntarily assume.

I/we hereby RELEASE, WAIVE AND FOREVER DISCHARGE Elmwood School Inc. and its respective officers, partners, agents, employees, servants, representatives, successors and assigns (“the Releasees”) OF AND FROM any and all actions, causes of actions, complaints, demands and claims whatsoever in existence prior to on or after the date hereof whether in law

or in equity, in respect of death, injury, loss or damage to my/our daughter's person or my person or property HOWSOEVER CAUSED, arising or to arise by reason of my/our daughter's participation in the activities contemplated herein except to the extent that same are directly caused by the gross negligence of Elmwood School Inc. or its respective officers, partners, agents, employees, servants, representatives, successors and assigns. I/we FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my/our daughter's participation in the activities contemplated herein.

I/we also agree and undertake not to make any claim or take any proceedings against the Releasees set out above, or any other person or corporation which might claim contribution or indemnity under the provisions of any statute or otherwise from the Releasees set out above.

I/we confirm that I/we have read and understand this document.

Signature of Parent(s)/Guardian(s)

Date

EMERGENCY MEDICAL CONSENT

In the event of an emergency, Elmwood School requires parental consent in order to consent to the medical treatment or surgery of the student. Elmwood School will use reasonable efforts to contact the parent(s) prior to consenting to medical treatment for the student and the parent(s) acknowledge and agree that the need for an immediate decision regarding medical treatment for the student may make such contact impossible.

Accordingly, I/we hereby authorize and give my/our express consent to the Head of Elmwood School, or her delegate, to act in loco parentis and in that capacity to consent to medical treatment or surgery for the student based on the advice of the attending physician who considers immediate medical treatment or surgery to be a necessity.

In addition, I/we hereby authorize and give our express consent to the Head of Elmwood School, or her delegate, to seek and obtain any and all medical interventions that may be reasonably required to ensure the safety and well being of the student while on the trip.

I/we have read the foregoing carefully and agree to be bound it.

Parent

Date

Parent

Date