



November 24, 2011

Dear Parents,

Re: Visit to the U.S. Embassy

The Grade Two class will be visiting the U.S. Embassy on **Friday, December 2, 2011**. The students will participate in a tour of the facility including a brief history and discussion about the relationship between Canada and the U.S. A meeting with the Ambassador (schedule permitting) has been arranged following the tour.

A bus will leave Elmwood at 9:00 a.m. and will return to school at approximately 11:15 a.m. The students should dress in their number 1 uniform (includes tie) and are kindly asked to **not** bring cameras on this trip.

Please sign the attached consent form and return it to your daughter's homeroom teacher by **Tuesday, November 29**. Please note there will be a nominal charge of \$10 to your school account to cover transportation costs.

Thank you to Barbara Perry-Case for arranging this rare opportunity to access one of Ottawa's embassies. It promises to be an exciting experience for the students!

If you have any questions, please do not hesitate to contact me through the agenda or by email at [bhuggins@elmwood.ca](mailto:bhuggins@elmwood.ca).

Sincerely,

Brenda Huggins  
Grade Two Teacher



**Elmwood School Parent/Guardian Consent and Release Form**

for Excursion to **U.S. Embassy (Grade Two)**

Date of Trip: Friday, December 2, 2011

Departure: 9:00 a.m. Return: 11:15 a.m.

Destination: U.S. Embassy

\*\* In the case of joint custody, BOTH parents must sign this Consent/Release form \*\*

**COST OF TRIP**

By my signature below, I allow Elmwood School to bill my account \$10 for the cost of this trip. **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.**

**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**

By my signature below, I give my daughter in Grade Two permission to attend the U.S. Embassy on Friday, December 2, 2011.

I understand that all of Elmwood School's rules and policies (see Handbook) 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.

By my signature below, I acknowledge and agree that I am solely responsible for any costs arising out of my daughter's breach of any of Elmwood School's rules and policies 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.

By my signature below, I further acknowledge and agree that in the event that my 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 daughter immediately return home and any expenses related to such a return (including without limitation travel, including travel of an adult to accompany my daughter, and any outstanding trip expenses) will be my sole responsibility.

## **RELEASE AND INDEMNITY**

In consideration of my daughter being permitted to participate in the U.S. Embassy ("the trip"), I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, agree as follows:

I acknowledge and accept that participation in the trip may expose my 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 expressly and voluntarily assume.

By my signature below, I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, 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 daughter's person or my person or property HOWSOEVER CAUSED, arising or to arise by reason of my 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 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 daughter's participation in the activities contemplated herein.

By my signature below, I 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.

**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, by my signature below, hereby authorize and give my 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, by my signature below, I hereby authorize and give my 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 my daughter while on the trip.

**I have read all of the foregoing carefully and by my signature agree to be bound by all aspects of the foregoing.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please return this form to Ms. Huggins by November 29, 2011.**