

Day Trip/Excursion

Elmwood School Parent/Guardian Consent Form
for Excursion to
Overbrooke Community Centre (Grades One to Three)

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

Date of Trip: Thursday, May 20, 2010

Departure: 12:15 p.m. Return: 3:00 p.m.

Destination: Overbrooke Community Centre (149 King George Street)

I hereby 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.**

Parent Signature

Date

Please sign and return this form to homeroom teacher no later than Tuesday, May 18.

MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION

Student: _____ Birth Date: _____
Month Day Year

Family Doctor: _____ Phone: _____

Medical Condition(s):

Medication(s):

Allergies:

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