

## ADDENDUM E

### Permission and Release Form

SCHOOL:	CLEARPOINT ELEMENTARY
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EDUCATIONAL OBJECTIVE:	Will vary based on curriculum
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THEME OF EVENT:	Will vary based on curriculum
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DESTINATION:	Pointe-Claire destinations (within walking distance) i.e. Clearpoint and Kinsmen Parks, Stewart Hall, etc.
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DATE:	August 29, 2018 to June 21, 2019
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METHOD OF TRANSPORTATION:	
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SUPERVISION: To be determined as required  <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"><input style="width: 80px; height: 30px;" type="text"/></td> <td style="width: 25%;"><input style="width: 80px; height: 30px;" type="text"/></td> <td style="width: 25%;"><input style="width: 120px; height: 30px;" type="text"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>ADULTS</td> <td>STUDENTS</td> <td>ADULT/STUDENT RATIO</td> <td></td> </tr> </table>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 120px; height: 30px;" type="text"/>		ADULTS	STUDENTS	ADULT/STUDENT RATIO		COST:  <table style="width: 100%; text-align: center;"> <tr> <td><input style="width: 100px; height: 30px;" type="text" value="N / A"/></td> </tr> <tr> <td>COST PER STUDENT</td> </tr> </table>	<input style="width: 100px; height: 30px;" type="text" value="N / A"/>	COST PER STUDENT
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ADULTS	STUDENTS	ADULT/STUDENT RATIO									
<input style="width: 100px; height: 30px;" type="text" value="N / A"/>											
COST PER STUDENT											

PERSON(S) IN CHARGE: _____	
AND OTHER ADULTS: _____	

<b>PERMISSION &amp; RELEASE</b>	
NAME OF STUDENT: _____	GRADE LEVEL: _____
<ol style="list-style-type: none"> <li>1. The undersigned declares that the above named student is a minor in their legal charge.</li> <li>2. The undersigned acknowledges full awareness of the risks involved in this trip, and accepts the arrangements for supervision as noted above; consequently, the undersigned hereby grants permission for the above named student to participate in this activity.</li> <li>3. A signed Emergency Medical Treatment Form is on file. Please submit a revised form to reflect any changes.</li> <li>4. If necessary, the undersigned authorizes the student to be carpooled.</li> </ol>	
NAME OF ADULT STUDENT, PARENT, TUTOR OR LEGAL GUARDIAN (PLEASE PRINT): _____	
_____ Signature and Relationship	_____ Date

***This form must be completed for all types of trips or activities off school premises***