

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 31, 2021 to June 23, 2022
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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 type="text"/></td> <td style="width: 25%;"><input type="text"/></td> <td style="width: 25%;"><input 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 type="text"/>	<input type="text"/>	<input type="text"/>		ADULTS	STUDENTS	ADULT/STUDENT RATIO		COST: <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 5px;">N / A</td> </tr> <tr> <td>COST PER STUDENT</td> </tr> </table>	N / A	COST PER STUDENT
<input type="text"/>	<input type="text"/>	<input type="text"/>									
ADULTS	STUDENTS	ADULT/STUDENT RATIO									
N / A											
COST PER STUDENT											

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

PERMISSION & RELEASE

NAME OF STUDENT: _____ GRADE LEVEL: _____

1. The undersigned declares that the above named student is a minor in their legal charge.
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.
3. A signed Emergency Medical Treatment Form is on file. Please submit a revised form to reflect any changes.
4. If necessary, the undersigned authorizes the student to be carpoled.

NAME OF ADULT STUDENT, PARENT, TUTOR OR LEGAL GUARDIAN (PLEASE PRINT): _____

_____ Signature and Relationship	_____ Date
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This form must be completed for all types of trips or activities off school premises

EMERGENCY MEDICAL TREATMENT FORM

Student Information

Student's Name:	School Name:
Home Address:	Grade Level:
Medical alerts, allergies, etc. (specify type):	
If medication has been prescribed, please specify type:	

Person(s) to contact in case of medical emergency (other than myself – if any)

Name:	Name:
Relationship:	Relationship:
Home Telephone:	Home Telephone:
Business Telephone:	Business Telephone:
Cell. Number:	Cell. Number:

AUTHORIZATION IN CASE OF MEDICAL EMERGENCY

I, the undersigned, declare that:

- I have the parental authority over the above minor student OR I am a student who is over 18 years old;
- in the event that I cannot be contacted within a reasonable period of time, any person named above has the full authority to approve all emergency measures, and in particular, to approve any medical treatment recommended by a medical doctor;
- the Lester B. Pearson School Board representative is authorized to approve all emergency measures, and in particular, to approve any urgent medical treatment recommended by a medical doctor, in all cases where I, and the person(s) named above, cannot be contacted given the urgency of the situation.

I HAVE SIGNED THIS _____ DAY OF _____, 20_____.

Signature: _____

Name: _____

Relationship with student (if minor): _____

Home Telephone: _____

Business Telephone: _____

Cell. Number: _____