



Trip Approval Request

OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Name of School
SOUTH CARLETON

Description of Activities

Utilize community resources in the village of Richmond:
Richmond arena, Richmond curling rink, Shannonhouse
Hill, designated walk/jog routes in Richmond

Trip Supervisor (s)

L. Bedard, S. Smith, P. Gowans, J. Eyamie, J. Earle, A
Williams, K. Kortko, A. Staples, T Harris

Location of medical and back-up facilities:

ON SITE. WITH TEACHER AND LOCAL HOSPITAL (CHEO) 6137214710

Approximate time required to reach these facilities: 10 MINUTES

Parent to Provide Food: YES

Volunteers Required: YES

I understand that the trip is not compulsory and that any
child not participating shall attend school.

Departure

Date: as required Time: duration of period

Via: walk

To: Richmond arena, curling rink, Shannon house hill,
designated walk/jog routes in Richmond

Return

Date: same day * Planned time
of arrival: prior to end of
period

Via: walk

Place: SOUTH CARLETON

* In case of late return or for other enquiries contact:

SCHS 8382212

Name

Phone

Cost of Trip: \$0.00

Signature of Principal

J. Ballma

Please Detach this Portion and Return to School

Trip Authorization

Description of Activities

Utilize community resources in the village of
Richmond: Richmond arena, Richmond curling
rink, Shannonhouse Hill, designated walk/jog
routes in Richmond

Date

Health Card Number

(Optional)

Trip Supervisor

L. Bedard, S. Smith, P. Gowans, J. Eyamie,
J. Earle, A. Williams, K. Kortko, A. Staples, T
Harris

** Leaving this section blank will confirm that the parent has chosen not to disclose the child's card number.**

Trip supervisors may act as my agent to engage such medical and hospital care as may be required. OHIP no longer covers all medical costs incurred outside of Ontario. It is the parent/guardian and student's responsibility to provide comprehensive medical insurance coverage. I agree to reimburse the school for out-of-pocket expenses incurred as a result of a medical emergency. Trip supervisors are requested to note the special medical information as follows (or attached):

I have received and read the background information supplied with this request. Permission is given to the

Ottawa-Carleton District School Board for the following student to participate in the trip described above. If the
trip supervisor deems the student's behaviour so disruptive and/or inappropriate as to warrant cancellation of his/her
trip privileges, I agree that he/she will be returned home at my/our (i.e. parents'/guardians') expense.

Name of Student (Please Print)

Class/Home Room

Home Phone No

Emergency Contact Name

Address

Phone No.

Signature of Parent/Guardian

Date

If volunteers are required, will you be able to help?

Yes No Phone No.

Personal information on this form is collected under the authority of the Education Act and will only be used for the purpose of
authorizing the student's attendance on a trip. If you wish to review this information, please contact the principal of the school