



St. Paul High School

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October 10th 2018

Dear Parent/Guardian,

On November 7th, 2018 the Ottawa 67s will be hosting their Annual School Day Game against the Kingston Frontenacs. ***The 67s use the school day game as an educational tool to promote healthy and active living to students within the Ottawa region.***

Your child will attend regularly scheduled Periods 1 and 2 classes. At 9:45, buses will arrive to transport students to the game. At the conclusion of the game, your child will return back to St. Paul in time to take the bus home.

- When:** November 7th, 2018 @ 11:00 am.
- Where:** TD Place Arena, 1015 Bank Street, Ottawa, ON
- Cost:** \$15. Price includes transportation to and from the event and a ticket to the game. Payment through School Cash Online or cash is due to Home Room teachers by ***Friday, October 26, 2018***

Things to bring: Your child can bring a lunch, but the vendors will be open at the venue.

In accordance with OPHEA guidelines, this trip meets or exceeds the recommendations for this type of activity.

We are looking forward to the event as it should be a fun and exciting experience for our students. If you have any questions or concerns, please contact us.

Sincerely,

Ms. Hollingsworth and Ms. LaFratta

I, the undersigned student, am familiar with the details of this field trip and will attend. I am aware of the code of conduct which is expected of me. I am also fully aware of the school and school board rules and regulations governing field trips and will comply with them at all times. I understand that failure to meet the terms of this contract may result in the loss of field trip privileges for the remainder of the school year. Also, I hereby verify that the signature below is that of my parent/guardian.

Student Name: _____

Parent/Guardian Signature: _____

Health Concerns: _____

Payment (\$15): School Cash Online _____ Cash _____





PARENT/GUARDIAN PERMISSION FORM/STUDENT MEDICATIONS, HEALTH PRECAUTIONS, AND ACCOMMODATION INFORMATION FORM

Student Name

Excursion Destination

Date of Excursion

Educational activity programs such as this excursion involve certain elements of risk. Injuries or health issues may arise while participating in these activities. Some common examples are slips and falls, insect bites, and infections common to the local environment. The risk of sustaining these injuries results from the nature of the activities without any fault of either the student or the School Board, its employees/agents or the facility where the activities take place. By choosing to give your consent for your daughter/son to participate in this trip/excursion, you are accepting the risk that your daughter/son may be susceptible to physical or health injuries while taking part in school organized excursions.

The Board does not provide accidental injury or disability insurance or medical and dental insurance on behalf of students participating in this activity. For insurance coverage, parents may wish to consider student accident insurance (www.insuremykids.com) made available each fall and throughout the year to parents on the aforementioned website. Parents must purchase additional out-of-country medical insurance for each participant in all excursions **outside** of Canada.

Parent/Guardian Name(s) _____

Home Phone _____ Cell Phone _____

E-mail _____

Emergency Contact Name _____

Home Phone _____ Cell Phone _____

Does your daughter/son have any special health concerns or accommodation needs? Please check one of the following:

- 1. There are no medical concerns for my child _____ (Sign back of this sheet)
- 2. There are medical concerns for my child _____ (Please complete Section 2)

Additional medical insurance has been purchased (excursions **outside** Canada only) _____

The Ottawa Catholic School Board does not provide accident insurance coverage for student injuries that occur on school premises or during approved school activities. You may purchase coverage for your child at www.insuremykids.com or by calling toll free 1-800-463-KIDS (5437).

I/We the parents of

acknowledge that should it become necessary for the student to receive medical care, I/we give my/our permission to provide emergency care and further agree to hold harmless the Ottawa Catholic School Board, employees, volunteers, and supervisors for any and all actions in emergency situations.

I/we have read the Excursion letter and understand that in participating in the activity above, I/we are assuming the risks associated with doing so, and give my/our consent for:

Student's name

To participate in this excursion as described above. I agree to provide him/her with the equipment and requirements for this excursion.

Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Date



**PARENT/GUARDIAN PERMISSION FORM/STUDENT MEDICATIONS, HEALTH PRECAUTIONS,
AND ACCOMMODATION INFORMATION FORM**

SECTION 2

Any additional health information or requests for accommodation not included on this form are the responsibility of the parent(s)/guardian(s) to provide prior to the day of departure.

I/We acknowledge that my/our daughter/son has been medically diagnosed and treated for life-threatening health conditions or health issues that require medications for control of:

Diabetes _____ Allergies _____ Asthma _____ Other _____

Please provide details

I/We have provided my daughter/son with the following prescription medications included on the Board's "Request for Medication" form provided to the school administration.

Insulin _____ EpiPen _____

Other medications (please provide details)

Please indicate where these medications will be carried or kept during the trip/excursion

Please provide any additional health information or requests for accommodation below

By signing this consent form, I agree that I have disclosed medical concerns, and I am responsible to provide any and all prescribed medications for the duration of the trip/excursion and any and all prescription devices required and necessary to protect the health and wellbeing of my daughter/son.

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Parent/Guardian Name(s) _____

Parent/Guardian Signature(s) _____

Date _____