

SCHOOL ACTIVITY INFORMATION & PERMISSION FORM

THIS FORM IS TO BE RETURNED BY: Wednesday, May 24

ACTIVITY (including purpose & location details): Independent Schools Track Meet

ACTIVITY DATE: Friday, May 26

DEPARTURE TIME from school: drop-off 8:45am RETURN TIME to school: pick-up @ Vanier - 1:45-2pm

COST: — FEES DUE: —

TRANSPORTATION ARRANGEMENTS: bus / parent drop-off

SUPERVISED BY: Gaglardi staff and parent volunteers

UNUSUAL FACTORS/RISKS: sports injuries, sun burn

OTHER DETAILS: bus students will be taken to track by bus and brought back to school - all other students will be dropped off and pick up by their parents

PARENTAL PERMISSION

I, _____, GIVE DO NOT GIVE permission for
(Printed name of parent/guardian)

_____ to participate in this activity.
(Printed name of child)

I have read and understood the Information.

Signed _____ Date: _____
(Signature of parent/guardian)

Phone: _____

RELEVANT STUDENT MEDICAL CONDITIONS that the school should know:

Please check all that apply.

- I AM able to help.
- I AM **NOT** able to help supervise this activity.
- I AM able to **DRIVE TO** and **FROM** destination.
- I have completed required paperwork at the school office.
- I have offered to drive for an additional classroom.
 - I have _____ seats available for grade _____.
 - I have _____ seats available for grade _____.



Return top portion to the school. Save bottom portion for your records.

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