HOLY CROSS CATHOLIC SCHOOL

521 CLOTHIER STREET WEST
KEMPTVILLE, ONTARIO K0G 1J)
TEL. (613) 258-7457   FAX. (613) 258 9867
Principal: Mr. Robert Hannigan
Vice-Principal: Mr. Matthew Hubbard

PERMISSION FORM

EVENT: **Grade 5** Curling at North Grenville Curling Club

DATE: Tuesday, November 27 1:00 to 3:00 p.m. — Ms. Sawinski's class
Thursday, November 29 1:00 to 3:00 p.m. — Mme Charland and Mrs. Leeder's Grade 5 students
Tuesday, December 4 1:00 to 3:00 p.m. — Mrs. Zylstra's class

TRANSPORTATION: Students will walk with their teachers to the Curling Club (bus if inclement weather).

TIME OF DEPARTURE: 12:30 p.m.   **TIME OF RETURN:** 3:30 p.m.

COST: $4

REQUIREMENTS: Students must bring clean indoor shoes, a CSA approved helmet and gloves to curl.

SUPERVISION: We are looking for volunteers to help supervise the children. If you wish to join us, please indicate this on the permission form below.

*** **ALL VOLUNTEERS MUST HAVE A CURRENT VULNERABLE SECTOR CHECK ON FILE AT THE OFFICE.**

ELEMENTS OF RISK: Any educational activity and the transportation for that activity, involves certain elements of risk. These can occur without any fault of the student, the school board, its employees or agents, or the facility where the activity is taking place. Any allergies or other medical conditions MUST be brought to the attention of the teacher/supervisor along with appropriate medication. The Catholic District School Board of Eastern Ontario does not provide any accidental death, disability, dismemberment or medical insurance on behalf of the students participating in this activity.

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Detach and return this portion to the school by Thursday, November 22nd.

Online Reference #: ______________

PERMISSION

I, ______________________ *(parent/guardian)* of ______________________ *(student)* consent to my son/daughter ____________________ *(student)* participating in Curling at the North Grenville Curling Club.

____
Parent's signature

☐ I would like to volunteer for this field trip and have a current vulnerable sector check on file at the school.

__________________________________   __________________________________
Name   Phone Number

In the event that an emergency situation arises which, in the opinion of the attending physician, requires an immediate decision and I cannot be reached, I authorize the teacher supervising the field trip to make decisions of a medical nature on behalf of my child.

Be Holy!! Joy Springs from a Loving Heart!!