

**HOLY CROSS CATHOLIC SCHOOL**  
**521 CLOTHIER STREET WEST**  
**KEMPTVILLE, ONTARIO K0G 1J0**  
**TEL. (613) 258-7457 FAX. (613) 258-9867**  
**Principal: Mr. Robert Hannigan**  
**Vice-Principal: Mr. Matthew Hubbard**



**PERMISSION FORM**

**EVENT: Grades 4, 5 and 6 Students Skating at North Grenville Municipal Centre. Parents of students are invited to come skate with their child for this pre-Christmas event.**

**DATE:** Monday, December 17, 2018

**TRANSPORTATION:** Students will walk with their teachers and volunteers to the NGMC (bus if inclement weather).

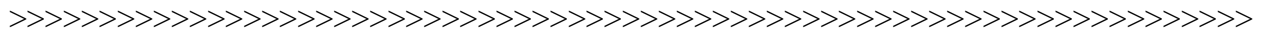
**TIME OF DEPARTURE:** 1:00 p.m.                    **TIME OF RETURN:** 3:00 p.m.  
(Skating on pads 1 and 2 from 1:30 p.m. to 2:30 p.m.)

**COST:** No Cost.

**REQUIREMENTS:** Please note that it is **MANDATORY** for everyone to wear helmets, as per Board policy. The Municipal Centre has a limited lending library of skates and helmets. To avoid disappointment, it is suggested that anyone who does not own skates or helmets make arrangements prior to Dec. 17 to borrow some from friends or family members to guarantee that they will be able to participate that day.

**SUPERVISION:** We are looking for volunteers to help supervise the children for the walk to and from NGMC. If you wish to join us, please indicate this on the permission form below. Supervisors do require 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.



**Detach and return this portion to the school by Wednesday, December 12th.**

**Online Reference #:** \_\_\_\_\_

**PERMISSION**

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (student) consent to my son/daughter \_\_\_\_\_ (student) participating in Skating at the NGMC.

\_\_\_\_\_

*Parent's signature*

I would like to volunteer (walk) for this field trip. Please contact me at \_\_\_\_\_

*Phone Number*

(If you would like to volunteer, please check one box below)

Yes, I have a current vulnerable sector check on file at Holy Cross School

No, I don't have a current vulnerable sector check on file at Holy Cross School – please send the form home with my child

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!!***