



**Newfoundland & Labrador
English School District**

World Wide Web Site: <http://www.esdnl.ca>

Telephone: 709-758-2372

Facsimile: 709-758-2706

**PARENT APPROVAL FORM FOR FIELD
TRIP/EXCURSION**

Student's Name: _____

Address: _____

Postal Code _____

Home Telephone #: _____ Emergency #: _____

Age: _____ Grade: _____

I, the undersigned parent/guardian of the above named student, agree for him/her
to participate in a trip to _____ on _____
(place of location) (date)

from approximately _____ a.m./p.m. to _____ a.m./p.m.

Signature of Parent/Guardian

Date

**MACDONALD DRIVE JUNIOR HIGH SCHOOL
110 MACDONALD DRIVE
St. John's, NL A1A 2K9
Telephone: 753-8240 Fax #: 753-1243**

PARENT / GUARDIAN DATA

NAME:

LAST NAME FIRST RELATIONSHIP

TELEPHONE:

HOME WORK

ALTERNATE CONTACT DATA

CONTACT:

LAST NAME FIRST RELATIONSHIP

TELEPHONE:

HOME WORK

PERMISSION / AGREEMENT

Your signature below indicates that you agree to the following conditions.

I, the undersigned parent/guardian of the above-named student:

- agree for him/her to participate in this school trip.
- hereby authorize the teacher(s) in charge of this trip to secure medical advice as may be deemed necessary for the health and safety of my daughter/son/ward.

SIGNATURE OF PARENT/GUARDIAN

DATE



Newfoundland & Labrador English School District

APPENDIX A

Private Vehicle Approval Form

Eastern School District requires adult drivers that use a private vehicle to transport students to school related events to sign confirming each of the following:

1. A valid driver's license
2. Current insurance that includes a minimum of \$1,000,000 Public Liability (Note: \$1,000,000 public liability required but \$2,000,000 recommended)
3. Accident Benefits
4. A licensed vehicle in safe running order that is equipped with snow tires during the winter driving season. (November 1 – April 30)
5. The adult has contacted his/her insurance company to confirm that transportation of students to such activities does not violate his/her insurance policy.
6. The occupant limit of the vehicle does not exceed the number of seatbelts.
7. The adult(if not an employee) is registered as an official volunteer with the school following the procedures outlined in the Volunteers Policy (Policy IJOC) and, given the status of a High Risk Volunteer, has submitted an acceptable Certificate of Conduct from the RNC/RCMP to the Principal. (Including a Vulnerable Sector Check)

The following is to be completed by the adult driver:

Name of adult driver: _____

Vehicle: Make/Model: _____ License Plate #: _____

I declare that I have complied with all 7 requirements outlined by the School District above regarding the transportation of students and agree to inform the District of any accident arising out of the use of the above licensed vehicle involved in transportation of students to a school event.

Signed: _____ Date: _____

This form is to be completed and kept on file in the Principal's office prior to any transporting of students by the operators of private vehicles.



Newfoundland & Labrador English School District

APPENDIX C

Student Travel / Emergency Medical Consent Form

To be completed by parent/guardian and copies kept on file in Principal's Office prior to student travel.

STUDENT DATA

NAME:

LAST NAME FIRST MIDDLE

ADDRESS:

ADDRESS CITY PROVINCE

POSTAL CODE TELEPHONE

BIRTH DATE:

DAY MONTH YEAR GRADE

MEDICAL INFORMATION

PLEASE SPECIFY ANY OF THE FOLLOWING:

ALLERGIES:

MEDICATIONS:

DIETARY CONCERNS:

OTHER:

MCP#:

DOCTOR:

NAME TELEPHONE



Newfoundland & Labrador English School District

APPENDIX D School Activity/ Trip Permission Form

School: _____

Type/Date of School Activity/Trip: _____

Student Name: _____

Section A:

I hereby agree to allow my child _____ to participate in the school activity/trip indicated above. I acknowledge that my child is healthy and well enough to travel/participate in the above noted activity.

Signature of Parent/Guardian

Date

Section B: (To be completed when private vehicles are used)

I hereby give permission for my child _____ to travel to the above noted activity by parents in private vehicles as organized through the school. I am aware that all drivers and vehicles used follow the regulations in Policy IJOAB (A) (Student Travel).

Signature of Parent/Guardian

Date

Section C: (Student Insurance Options for out of province travel)

Please choose one of the following options.

_____ I agree to purchase the travel insurance offered through the School District (currently Axa Assurances Inc. at a rate of \$2.75 per student per day).

_____ I do not wish to purchase the travel insurance offered through The School District. My child is covered through a personal Family Plan. Please indicate name and # of plan: _____