



Goulbourn Middle School

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OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

February 5th 2018

Dear Parents of 7A and 7B

On Friday, February 23rd 2018, the students in Hillsdon and Boucher Centers will have the opportunity to attend a field trip to the Bill Mason Outdoor Education Centre (in Dunrobin). The purpose of the field trip is to offer students rich opportunities to enhance the History curriculum by exploring, walking and reenacting the footsteps of the voyageurs and fur traders. The cost of the trip is \$8 and is due back (with the permission form) before Thursday February 15th. We are also in need of parent volunteers, so if you can help out please let us know.

While we will be having a cookout, your child needs to bring a lunch and as The Bill Mason Centre is a "Leave No Trace" facility, we're asking it be a litter-free lunch as well. Remember to dress appropriately for a day in the outdoors. For more (clothing) details, please see the permission form under Requirements for Field Trip.

It is our hope that every student will participate in this exciting and enriching experience. Students who do not return the Permission Form by the due date will attend a regular day at school.

If you have any questions regarding the field trip, or if you require assistance with the payment, please do not hesitate to contact us.

Thank you,

Cheryl Hillsdon and Mike Boucher



OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE FOR YOUR INFORMATION. PLEASE SIGN AND RETURN THE ATTACHED PAGE.

School: <u>GMS</u>	School Phone: <u>613-836-1312</u>
Lead Trip Supervisor/Teacher(s): <u>C. Hillsdon and M. Bowcher</u>	
Class/Subject Area: <u>History</u>	Educational Purpose of Field Trip: <u>For Trade</u>
Activity: <u>Reenact history of Voyageurs and fur trade</u>	Risk associated with activity: <u>Low</u>
Date of Field Trip: <u>Fri. Feb 23</u>	
<p style="text-align: center;">Departure</p> <p>Time: <u>8am</u></p> <p>Transportation details: <u>Bus</u></p> <p>To: <u>Bill Mason</u></p>	<p style="text-align: center;">Return</p> <p>Time: <u>2pm</u></p> <p>Transportation details: <u>Bus</u></p> <p>Place: <u>GMS</u></p>
In case of late return or other inquiries Contact: <u>S. Martin</u>	Phone: <u>613-836-1312</u>
Cost per Student: \$ <u>8</u> is due by <u>Thurs. Feb 15</u>	
<p>Requirements for Field Trip Participants:</p> <p><input checked="" type="checkbox"/> Lunch/Snack bring H₂O bottle</p> <p><input checked="" type="checkbox"/> Special Clothing/Equipment:</p> <p><input checked="" type="checkbox"/> Other: <u>going to enjoy a cocktail.</u></p>	<p><u>Dress for weather. we are outside.</u></p> <p><u>warm winter boots - extra socks</u></p> <p><u>winter jacket</u></p> <p><u>Ski pants</u></p> <p><u>mitts</u></p> <p><u>scarf</u></p> <p><u>toque</u></p> <p><u>dress in layers</u></p>
Principal Signature: <u>Scott Martin</u>	

To Parent or Guardian:

This is an important form and must be returned to the school regarding this field trip.

INSTRUCTIONS:

Please complete and sign in the YES or NO section below and return the form to the school.

YES

I give permission to the Ottawa-Carleton District School board for the following student to participate in the field trip activity _____ (description)

Scheduled to take place on or about _____ (date).

Name of Student:

Emergency Contact:

Phone :

Alternate Contact:

Phone:

Medical Information:

Indicate any medical information or dietary restrictions that the supervising teacher needs to know.

Medical Consent: Should it become necessary for my child/ward to receive medical care, I hereby authorize the teacher to use his/her best judgement in obtaining such care. I/we understand that any costs will be my/our responsibility. I also understand that in the case of accident or illness I will be notified as soon as possible.

Elements of Risk: Any out of school activities may involve certain elements of risk. Injuries may occur while participating in the activities related to this field trip. The chance of injury can occur without any fault of the student, the school board, its' employees/agents or the facility where the activity is taking place. I/we understand that any costs will be my/our responsibility as the OCDSB does not provide accident insurance coverage for student injuries that occur during school activities.

I wish to volunteer for this trip:

No

Yes

* Two parent volunteers are needed.

Phone:

Email _____

ACKNOWLEDGEMENT:

I have received, read, and understand all of the above, and give permission for my child/ward to participate in this activity.

Signature of Parent/Guardian:

Date:

NO

I do not give permission for my child/ward _____ (name) to participate in the field trip activity _____ (description) scheduled to take place on or about _____ (date). I understand that the trip is not compulsory and that any student not participating shall attend school.

Signature of Parent/Guardian:

Date: