



Trip Approval Request

OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Name of School Colonel By Secondary School	I understand that the trip is not compulsory and that any child not participating shall attend school.
Description of Activities Colonel By Ski Club runs 5 Wednesdays in a row starting Jan. 18, 2012 and running through Jan. 25th, Feb. 1st, 8th, and 15th. There will be a day reserved in case of bad weather on Feb. 22nd.	Departure Date: Wed, Jan 18, 2012 Time: 3:30pm Via: Bus To: Eidelwiess and Camp Fortune Ski Hills
Trip Supervisor (s) Mrs. Douglas, Mr. Grant along with a rotation of other CB staff	Return Date: Wed, 18 Jan, 2012 * Planned time of arrival: 9:45pm Via: Bus Place: Colonel By Secondary School
Location of medical and back-up facilities: Center Hospital Gatineau (819.459.2342)	* In case of late return or for other enquiries contact: Mrs. Douglas on School Cell Phone (613.324.0950)
Approximate time required to reach these facilities: 25 mins.	Name _____ Phone _____

Parent to Provide Food: YES NO

Volunteers Required: YES NO

Cost of Trip: \$175,275.00

Signature of Principal
M. Boda

Please Detach this Portion and Return to School

Trip Authorization

Description of Activities Colonel By Ski Club runs 5 Wednesdays in a row starting Jan. 18, 2012 and running through Jan. 25th, Feb. 1st, 8th, and 15th. There will be a day reserved in case of bad weather on Feb. 22nd.	Date Wed, Jan 18, 2012	Trip Supervisor Mrs. Douglas, Mr. Grant along with a rotation of other CB staff
	Health Card Number **(Optional)**	

**** Leaving this section blank will confirm that the parent has chosen not to disclose the child's card number.****

Trip supervisors may act as my agent to engage such medical and hospital care as may be required. OHIP no longer covers all medical costs incurred outside of Ontario. It is the parent/guardian and student's responsibility to provide comprehensive medical insurance coverage. I agree to reimburse the school for out-of-pocket expenses incurred as a result of a medical emergency. Trip supervisors are requested to note the special medical information as follows (or attached):

I have received and read the background information supplied with this request. Permission is given to the Ottawa-Carleton District School Board for the following student to participate in the trip described above. If the trip supervisor deems the student's behaviour so disruptive and/or inappropriate as to warrant cancellation of his/her trip privileges, I agree that he/she will be returned home at my/our (i.e. parents'/guardians') expense.

Name of Student (Please Print) _____ Class/Home Room _____ Home Phone No. _____

Emergency Contact Name _____ Address _____ Phone No. _____

Signature of Parent/Guardian _____ Date _____ If volunteers are required, will you be able to help?
Yes No Phone No. _____

Personal information on this form is collected under the authority of the Education Act and will only be used for the purpose of authorizing the student's attendance on a trip. If you wish to review this information, please contact the principal of the school.