



Hamilton-Wentworth Catholic District School Board  
Believing, Achieving, Serving

Form A

**PARENT/GUARDIAN INFORMATION FORM**  
**FOR OUT-OF-SCHOOL LEARNING EXPERIENCES**  
Elementary and Secondary Students

**THIS FORM SHOULD BE RETAINED BY PARENTS/GUARDIANS**

To the Parent/Guardian: Permission has been granted by the principal to have the students participate in the out-of-school learning experience described below. Please read the information below and return the attached form by the due date as indicated.

**If a non-refundable deposit/payment is required for this out-of-school learning experience, the parent/guardian acknowledges that neither the HWCDSB nor any employee bears liability for the deposit/payment once paid, if the child is unable to attend, or if the out-of-school learning experience is cancelled due to any unforeseen circumstances.**

The Board’s Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, [www.hwcdsb.on.ca](http://www.hwcdsb.on.ca).

<b>School Name:</b>	Bishop Ryan CSS
<b>Destination Name, Address and Contact Number:</b>	Cathedral High School, 30 Wentworth Street North, Hamilton (905-522-3581), up Rail Trail to St. Anthony Daniel Catholic Elementary School, 75 Anson Avenue, Hamilton (905) 389-5186.
<b>Date(s) of out-of-school learning experience:</b>	Sunday, May 5 <sup>th</sup> , 2024.
<b>Cost per Student:</b>	No cost
<b>Mode of Transportation:</b>	School bus
<b>Time of departure from school:</b>	Departing from Home School at Bishop Ryan CSS Departing from St. Anthony Daniel Catholic Elementary School at approximately 2:30 p.m.
<b>Approximate Time of return to school:</b>	Approximately 3:00 p.m.
<b>Purpose of the out-of-school learning experience:</b>	Participating in a Pilgrimage “Walk with Christ – Justice for the Poor” which will raise money to support projects in Haiti, Uganda, Dominican Republic and the Holy Childhood Society.
<b>Additional details:</b>	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other: Wear appropriate attire for the weather conditions and comfortable walking shoes, bring re-usable water bottle with water and nut free snacks.
<b>Water activities:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

**ALL PERMISSION FORMS AND FEES ARE DUE BY APRIL 11, 2023.**  
**LATE SUBMISSIONS MAY NOT BE ACCEPTED.**



**PERMISSION FORM FOR  
OUT-OF-SCHOOL LEARNING EXPERIENCES  
Elementary and Secondary Students**

<b>PRINT STUDENT'S FULL NAME:</b>	
School Name:	Bishop Ryan CSS
Destination Name, Address and Contact Number:	Cathedral High School, 30 Wentworth Street North, Hamilton (905) 522-3581 Return departing from St. Anthony Daniel Catholic Elementary School, 75 Anson Avenue, Hamilton (905) 389-5186
Date(s) of out-of-school learning experience:	Sunday, May 5 <sup>th</sup> , 2024.
Cost per Student:	No cost
Mode of Transportation:	School bus
Time of departure from school:	Departing from Home School at Bishop Ryan CSS Departing from St. Anthony Daniel Catholic Elementary School at approximately 2:30 p.m.
Approximate Time of return to school:	Approximately 3:00 p.m.
Purpose of out-of-school learning experience:	Participating in a Pilgrimage "Walk with Christ – Justice for the Poor" which will raise money to support projects in Haiti, Uganda, Dominican Republic, and the Holy Childhood Society.
Additional details:	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other: Wear appropriate attire for the weather conditions and comfortable walking shoes, bring re-usable water bottle with water and nut free snacks.
Water activities:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

**Payment Type: NOT APPLICABLE**  
 On-Line Payment Receipt Number \_\_\_\_\_ (preferred payment method)  
 Payment Attached

I/We hereby request that the above-named student be permitted to participate in this activity.

**Signature of Parent/Guardian:\*** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\*If the student is over the age of 18 years and has signing authority designated by the student's parent/guardian, the student's signature only is required.

**Contact Phone Number:** \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Emergency Contact Phone Number: \_\_\_\_\_

**Specialized Requirements:** Please specify and check all that apply:  
 Allergy/Anaphylaxis  Asthma  Diabetes  Epilepsy  Sickle Cell Disease   
 Other (please specify)

For out-of-country out-of-school learning experiences, I have consulted all Health warnings/advisories via the local Health Department and/or Foreign Affairs and International Trade Canada Travel Report and Warnings website: <https://travel.gc.ca/travelling/advisories>.  
 The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the *Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007* and the *Personal Health Information Protection Act: R.S.O. 2004 last amendment 2009* by the Hamilton-Wentworth Catholic District School Board in accordance with the *Education Act: R.S.O. 1990 last amendment 2009* and its regulations for the provision of education and education-related programs and services, including excursions. Any questions regarding the collection, use, retention and disclosure of personal information by the School or the Board may be directed to the principal of the School.



## INFORMED CONSENT FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES Elementary and Secondary Students

This form must be read and signed (without amendment) for any student attending the educational out-of-school learning experience. To ensure participation, return to the school/supervising teacher by **April 11, 2023** (due date). **Students WILL NOT be allowed to participate if the form is not signed and returned.**

**ELEMENTS OF RISK:** Educational activity programs, such as Pilgrimage “Walk with Christ – Justice for the Poor” involve(s) certain inherent elements of risk. Injuries may occur while participating in these activities.

Injuries may occur while travelling or participating in these activities. The potential inherent risks that may result from participation include but are not limited to: physical contact with other people, hard surfaces, flying objects, rapid movements, and quick turns and stops, physical exertion, fatigue and exhaustion, dehydration, exposure to weather conditions including sun exposure, extreme heat, extreme cold, site hazards, e.g. heights, water, noise, transportation, equipment and materials, electricity and chemicals, environmental conditions, including exposure to fauna, flora, insects and wildlife, failure to remain within designated areas and supervised activities.

The following includes, but is not limited to the types of injuries which may result from participating in this activity (list as appropriate): bruises, cuts and scrapes, sprains and strains, breaks and fractures, concussion, sun exposure, frostbite, insect bites/stings, rashes, serious and life-threatening injuries and death.

By choosing to take part in this activity I understand that my child may be exposed to certain risks and accidents and injuries may occur.

The potential inherent risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the School Board, its employees, agents or the facility where the activity is taking place. Refer to Ontario Physical and Health Education Association (OPHEA) website ([www.ophea.net](http://www.ophea.net)).

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity; i.e., listening attentively, etc. If you choose to participate in this activity you must understand that you assume the risk for any injury that might occur. The Hamilton-Wentworth Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

### ACKNOWLEDGEMENT AND PERMISSION:

I/We have read the above and agree to assume the risks associated with our child/myself participating in the out-of-school learning experience.

**Signature of Parent/Guardian\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*If the student is 18 years of age or older and has signing authority designated by the student's parent/guardian, the student's signature only is required.



Hamilton-Wentworth Catholic District School Board  
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**BUS/VEHICLE MANIFEST**

Bus # \_\_\_\_ of \_\_\_\_

School Name: \_\_\_\_\_ Date: Sunday, May 5, 2024.

Teacher-In-Charge: \_\_\_\_\_ Cell #: \_\_\_\_\_

Bus Company: Attridge Transportation Bus Company Phone #: (905) 690-2632

License Plate: \_\_\_\_\_ Bus ID Number: \_\_\_\_\_

Bus Driver's Cell # (Optional) \_\_\_\_\_

Out-of-school learning experience Name & Destination: Pilgrimage "Walk with Christ – Justice for the Poor"

**List supervisor names on this vehicle:**

	Student Names		Student Names		Student Names
1.		25.		49.	
2.		26.		50.	
3.		27.		51.	
4.		28.		52.	
5.		29.		53.	
6.		30.		54.	
7.		31.		55.	
8.		32.		56.	
9.		33.		57.	
10.		34.		58.	
11.		35.		59.	
12.		36.		60.	
13.		37.		61.	
14.		38.		62.	
15.		39.		63.	
16.		40.		64.	
17.		41.		65.	
18.		42.		66.	
19.		43.		67.	
20.		44.		68.	
21.		45.		69.	
22.		46.		70.	
23.		47.		71.	
24.		48.		72.	

\* Please fill in a separate form for each vehicle and leave a copy in office before departure.  
 \* Supervisors and students must not switch buses once this list is submitted to office.  
 \* For a complete class traveling on a single bus, attach class list with updated attendance.