

YORK REGION DISTRICT SCHOOL BOARD

**PERMISSION FORM FOR EXTENDED STUDENT STUDY TOUR**

As a condition of participation in an Extended Student Study Tour activity, the York Region District School Board requires that this form be completed by the parent/guardian of each student participating and that one copy be kept on file in the school office.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

The student named above has expressed a desire to be included in this group of students participating in the extended student travel activity. Please review this form and acknowledge your consent and understanding of the conditions of participation by signing each section.

**INSURANCE**

Medical Insurance and trip cancellation insurance is recommended for anyone who travels to a foreign country. A comprehensive insurance package will be offered to you as part of the trip's fee structure.

Please indicate if you will purchase this coverage: Yes  No

In the event of injury, I agree to accept all the financial responsibility beyond the coverage provided for in those plans under which the student is registered. As parent/guardian, I authorize the teacher supervisor to consent to and authorize any necessary emergency medical attention to my son/daughter during this Extended Student Study Tour.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**STUDENT CONDUCT**

I understand an itinerary and rules for the conduct of students will be developed as a part of the travel plan. I also understand that serious violation of the rules by a student participant may result in the student being sent home at his/her expense. In the case of a minor, the parent/guardian may be requested to accompany the student home at the expense of the parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**TRAVEL CONTRACT**

All contracts are between the parent/guardian/student and the tour operator. It is recommended that you read and fully understand all parts of the agreement and in particular those sections on financial obligations and insurance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**TRIP CANCELLATION**

Please note that the York Region District School Board reserves the right in its sole discretion to withdraw its support for this trip for any reason and more particularly in response to concerns about events internationally, nationally or locally which may compromise student and/or staff safety. Should the York Region District School Board decide to withdraw its support for this trip, please be aware that any deposit or monies paid up to and including the date of cancellation may not be refunded by the travel service providers.

The York Region District School Board takes no responsibility for any monies which may not be refunded as a result of the York Region District School Board's decision to withdraw its support for the trip. The responsibility for any and all monies owing and or forfeited as a result of the York Region District School Board's decision to withdraw its support for the trip is the sole responsibility of the student attending on the trip and his or her parents/guardians. Cancellation insurance may not cover circumstances in which the Board has withdrawn its support for a trip and the trip is cancelled or rescheduled.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Designate Signature

\_\_\_\_\_  
Date

*This information is collected and used pursuant to the Education Act. The information will be used to acknowledge that parents/guardians are informed about field trip participation and be used in the case of an accident or emergency. If you require further information contact the school principal.*

*Retain C+1 at the school. In the event of an accident, attach [Accident/Injury Report](#) and forward to Administrative Services.*