

Chignecto-Central Regional Centre for Education

ACTIVITY INFORMATION AND PERMISSION FORM

NOTE: THIS FORM IS DESIGNED TO INFORM PARENTS/GUARDIANS AND SEEK THEIR PERMISSION TO HAVE THEIR CHILD(REN) ENGAGE IN THE ACTIVITY LISTED BELOW. THE SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED BEFORE A STUDENT MAY PARTICIPATE.

STUDENT NAME	_____
SCHOOL	_____
ACTIVITY	_____
DATES:	_____
METHOD OF TRAVEL	_____
CHAPERONES/COACH	_____
PARENT OR GUARDIAN	_____
ADDRESS	_____
PHONE	_____
FAMILY DOCTOR	_____ N.S. HEALTH NUMBER _____
MEDICATIONS: Prescribed medications, Allergies or Medical Problems, etc., must be listed for chaperones and coaches)	
IT IS EXPECTED THAT STUDENTS WHO ENGAGE IN SCHOOL ACTIVITIES WILL CONDUCT THEMSELVES IN AN ORDERLY MANNER, RESPECT ALL CHAPERONES AND OBEY REGULATIONS OF BOTH THE ORGANIZING PARTY AND HOST(S). THE ORGANIZING PARTY AND THE SCHOOL RESERVE THE RIGHT TO RETURN ANY STUDENT AT HIS/HER OWN EXPENSE SHOULD THESE EXPECTATIONS NOT BE MET.	
WE UNDERSTAND AND ACCEPT THE ABOVE CONDITIONS.	
_____	_____
SIGNATURE OF STUDENT (JR & SR HIGH SCHOOL ONLY)	SIGNATURE OF PARENT/GUARDIAN