## PARENTAL CONSENT LETTER

| DATE:   |   |   |
|---|---|---|
| I/We, the parent(s) of  |   |   |
| , , , ,   | (name of s  | student)  |
| do hereby give our consent to   | (names c  | of teachers/group leaders)  |
| the group leaders from  |   | School to travel with my son/daughter on the educational  |
| trip from Canada to   | between March   | , 2004 and April, 2004.   |
| I/We also authorize   |   |   |
|   | (names of group leaders)  |   |
| -WHERE THE HEALTH A -WHERE MEDICALADV OR GUARDIAN IS REQU -WHERE ALL ATTEMPTS NATURE OF THE EMERG | IND WELL-BEING OF MY CI<br>ICE HAS BEEN OBTAINED A<br>IRED.<br>S TO CONTACT THE PAREN<br>GENCY, THERE IS INSUFFIC<br>SCRETION OF THE TEACHI | ed necessary for the health and safety of my son/daughter CHILD IS INVOLVED. AND NORMALLY THE CONSENT OF THE PARENT  NT/GUARDIAN HAVE FAILED OR WHERE, DUE TO THE CIENT TIME TO CONTACT SUCH PARENT/GUARDIAN, ERS AS TO WHICH STEPS MUST BE TAKEN FOR THE |
| IN CASE OF EMERGENCY, NO  | TIFY:   |   |
| BUSINESS PHONE: ( )   | *********************   | HOME PHONE: ( )   |
| HEALTHCARE #  |   |   |
| NAME OF FAMILY DOCTOR:  |   | BUS. PHONE: ( ) HOME PHONE: ( )   |
| I have read this document carefu  | ılly and fully understand it.   |   |
| Signatures of Parents/Guardians   | : 1)  |   |
|   | 2)  |   |