

# Consent Form



By signing below, I am giving my expressed consent and permission for my child to participate in the outlined event. I also absolve the school of any liability for actions resulting in injury and I give permission for the staff member in charge to make emergency medical decisions for my child in the event that the need arises.

Staff member(s) in charge: Miss Doyle

Grade(s) or group(s) participating in this activity: First and Second Grades

Date of event: Thursday, June 14

Time: 10:25am -12:00pm

Place where event will take place: Queen Elizabeth Hospital

Details particular to this event: We have been collecting pennies for the QEH crib campaign. We will be giving these pennies to the Foundation office and then having a short tour of pediatrics.

Are drivers required?  YES  NO

Are you (parent/guardian) able to drive and/or supervise for this activity?  YES  NO

If "YES", how many students can you take? \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

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Parents: Cut along this line and save the bottom portion for your records.

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