

Dear Parents/Guardian:

On Tuesday March 7, 2023, your son/daughter, with your permission will attend the Grade 12 Retreat at Mount Mary Retreat Centre in Ancaster. The Retreat is an opportunity for grade 12 students to engage with one another and consider the many challenges they may face, at this important junction in their lives. This is a wonderful opportunity to support their mental health and social skills. The Grade 12 retreats are an integral part of the school curriculum, and all students are expected to participate in them. Students are responsible for finding their own means of transportation to and from the retreat center. **The School or School Board takes no responsibility for their transportation.** Students are also asked to be at the retreat center for 9:00am and dismissed for the day at 2:00pm. Students must bring a lunch and snacks as well as plenty of liquids to drink. Students are not able to purchase anything at Mount Mary and cannot leave the grounds until dismissal. Students are asked to wear comfortable/appropriate clothing and shoes (running shoes if possible) on their retreat day. School rules still apply at the retreat center. If you have any questions or concerns, please feel free to contact Ms. Tina Fitzgerald, Chaplaincy Leader at Bishop Tonnos Catholic Secondary School (905) 523-2331 ex. 3620.

BISHOP TONNOS RETREAT PERMISSION AND CONSENT FORM

Parent/Guardian Permission:

I give my permission for my child to attend the retreat on March 7, 2023. If I cannot be reached, I authorize the teacher advisor to act on my behalf, in my absence, to make any decision pertaining to the health, welfare and safety of my child. I understand that if my child violates the school code of conduct, she/he will be sent home immediately.

PLEASE PRINT:

Student Name: _____

Parent/Guardian Name: _____

Home Phone Number: _____

Person to Call if No Answer at Home: _____

Phone Number: _____

Health or Food Concerns: _____

Signature: _____ Date: _____

Student Consent:

I understand and agree to abide by the code of conduct. I understand that if I violate the code, I will be subject to the consequences outlined in it.

Signature: _____ Date: _____



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.

School Name:	BISHOP TONNOS CATHOLIC SECONDARY SCHOOL
Destination Name, Address and Contact Number:	Mount Mary Retreat Center 437 Wilson St. E. Ancaster ON 905-648-6292.
Date(s) of out-of-school learning experience:	March 7, 2023
Cost per Student:	0
Mode of Transportation:	Private Vehicle
Time of departure from school:	8:50am
Approximate Time of return to school:	2:20pm
Purpose of the out-of-school learning experience:	Faith base social learning
Additional details:	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other:
Water activities:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

ALL PERMISSION FORMS AND FEES ARE DUE NO LATER THAN 3 DAYS BEFORE THE OUT-OF-SCHOOL LEARNING ACTIVITY. LATE SUBMISSIONS MAY NOT BE ACCEPTED.



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

PRINT STUDENT'S FULL NAME:	
School Name:	BISHOP TONNOS CATHOLIC SECONDARY SCHOOL
Destination Name, Address and Contact Number:	Mount Mary Retreat Center 437 Wilson St. E. Ancaster ON 905-648-6292
Date(s) of out-of-school learning experience:	March 7, 2023
Cost per Student:	\$
Mode of Transportation:	Private Vehicle
Time of departure from school:	8:50am
Approximate Time of return to school:	2:20pm
Purpose of out-of-school learning experience:	Faith based social learning
Additional details:	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other:
Water activities:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

Payment Type: On-Line Payment Receipt Number _____ (preferred payment method)
 Payment Attached

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 February 28, 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 Retreat activities 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, insect bite, 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).

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 a 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.

KNOWLEDGEMENT AND PERMISSION:

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

nature 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.



**TRANSPORTATION OF STUDENTS FOR
SCHOOL RELATED EVENTS**

Date:

Dear Parents/Guardians:

It is important to recognize the importance of safety for all students in all levels of participation in school-related events. This also includes the transportation of students to and from games/locations as outlined in the schedules provided to the players/team members.

While the principal is always responsible for school-related events, it is the parent who is responsible for the transportation of their son/daughter to the game or event. Should a parent wish to have another parent or other licensed driver transport their child to the game/event at the elementary level or secondary level, it is critical to ensure the driver is aware of the responsibility for the safety of his/her passengers: vehicle in good repair, current valid license and insurance, working seatbelts, etc. Provisions should also be made by the driver for any accommodations which are required for any students with special needs.

We bring this to your attention to ensure that the above aspects of safety precautions are addressed for games/events during school times as well as after school events for both elementary and secondary students.

Please complete the portion below indicating your acknowledgment of the above information and the responsibility of the parent to communicate to the driver the importance of safety first.

Sincerely,

Principal

I/We have read the above information and acknowledge my/our responsibility as parent(s)/guardians

of _____ (student's name) to transport him/her to school-related events.

Parent/Guardian: _____

Date: _____



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Form G

PERMISSION FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES USING PERSONAL VEHICLES Elementary and Secondary Students

PRINT STUDENT'S FULL NAME:	
School Name:	BISHOP TONNOS CATHOLIC SECONDARY SCHOOL
Destination Name, Address and Contact Number:	Mount Mary Retreat center 437 Wilson St. E. Ancaster ON 905-648-6292
Date(s) of out-of-school learning experience:	March 7, 2023
Cost per Student:	0
Mode of Transportation:	Private Motor Vehicle
Time of departure from school:	8:50am
Approximate Time of return to school:	2:20pm
Purpose of Experience:	Faith base social learning
Additional details:	Wear uniform? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Bring own lunch? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other:
Water activities:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, details:

Payment Type: 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 and give permission for my son/daughter to be transported using a private motor vehicle.

Signature of Parent/Guardian:* _____ **Date:** _____

*If the student is 18 years or older 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.

IS-18-40 (G)



VOLUNTEER DRIVER - AUTHORIZATION TO TRANSPORT STUDENTS

Part A

This will authorize _____
(Name of staff or other volunteer driver)

1. To transport students participating in the events listed on the attached school schedule;
- OR
2. To transport students participating in the following school activity:

(Note Activity and Destination)

3. Vehicle Information: MAKE: _____ YEAR: _____ LICENCE #: _____

_____ Date	_____ School Name	_____ Principal's Signature
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NOTE: ALL "OUT-OF-SCHOOL LEARNING EXPERIENCE DRIVERS" ARE ADVISED THAT, IN ORDER TO BRING INTO EFFECT THE BOARD'S EXCESS LIABILITY INSURANCE, THEY MUST:

- A. Use a licensed automobile which carries valid automobile Third Party Liability Insurance as required under Ontario legislation;
- B. Provide the School Board with prompt written notice, with particulars, of any accident arising out of the use of a licensed automobile during an out-of-school learning experience on Board-related business;
- C. Be aware that the School Board's Excess Automobile Liability Insurance comes into effect only after the vehicle owner's primary Third Party Liability insurance limit has been exhausted;
- D. Be aware that any damage to the volunteer's vehicle, the cost of any insurance deductible or premium adjustment as the result of an accident while the vehicle is being used on Board-related business is NOT covered by the School Board's Excess Automobile Liability Insurance.
- E. Be aware that if the vehicle is equipped with passenger-side airbags, children under 12 years should not be permitted to ride in the front seat. (See vehicle manufacturer's recommendation.)

N.B. An "out-of-school learning experience driver" is defined as any person authorized by the Board who has agreed to be a driver for a certain out-of-school learning experience while they are driving their own or another licensed automobile. This includes, but is not limited to: Trustees, employees, teachers, parents, volunteers, and officials of the School Board.

DECLARATION TO BE SIGNED BY DRIVER

- I declare that I hold an unrestricted driver's license and am authorized to drive in Ontario, and my vehicle is insured by a valid automobile liability insurance policy as required by Ontario law.
- I declare that the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

_____ Signature	_____ Date
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DECLARATION TO BE SIGNED BY OWNER (IF DRIVER DOES NOT OWN THE VEHICLE)

- I declare that I have authorized _____ to drive my vehicle to transport students participating in the school event(s) listed on this form.
- I declare that he/she holds an unrestricted driver's license, is authorized to drive and is insured as an operator under the vehicle's liability insurance.
- I declare the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

_____ Signature	_____ Date
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Volunteer Driver – Authorization to transport students continued Part B

SUMMARY OF INSURANCE

(1) Staff and Volunteer Supervisors on School Premises - The School Board's Liability Insurance Policy protects both staff and volunteers who are working within the scope of their duties for the Board. This coverage responds to lawsuits that are brought against staff or volunteers who are supervising school events and provides protection up to \$24 million for each occurrence.

(2) Staff and Volunteer Drivers for School Activities - Ontario legislation makes automobile insurance compulsory in the Province of Ontario. The same legislation makes the owner's insurance primary coverage in the event of an accident - in other words, the insurance carried on the vehicle responds first. If a vehicle which is not owned by the School Board is being operated by a volunteer or any other Board employee for approved school activities, the Board's Non-owned Automobile Insurance endorsement will respond to Third Party Liability claims in excess of the owner's insurance limit up to a total combined limit as stated in the Non-owned Auto policy.

There is no coverage provided by the School Board's insurance for damage to volunteer's or employee's vehicles while they are being operated for Board activities.

According to Provincial legislation, passengers who are injured would recover Accident Benefits coverage from their own or a parent's automobile policy. In the absence of a personal or family automobile policy, the passenger would then be eligible to recover benefits from the insurance policy covering the vehicle in which they were riding.

(3) Personal Automobile Insurance Coverage - For the personal protection of staff and volunteer drivers, it is recommended that drivers carry a minimum of \$1 million of Third Party Automobile Liability insurance. Volunteers and Board employees who use their personal vehicles for transporting students to school activities should advise their insurance carrier.



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Form L



BISHOP TONNOS CATHOLIC SECONDARY SCHOOL
100 Panabaker Drive
Ancaster, Ontario
L9G 5E3

Telephone (905) 523-2331

Fax (905) 648-7847

Principal: Carmelo Barone
Vice-Principals: Anthony Macaluso, Andrea McCabe

**SPECIAL ARRANGEMENTS FOR TRANSPORTATION
TO AND FROM OUT-OF-SCHOOL LEARNING EXPERIENCE
SAMPLE TEMPLATE**

Student's Name:	
Classroom Teacher:	Ms. Fidanza
Out-of-school learning experience:	Grade 12 Religion Retreat
Date of experience:	March 7, 2023

The school has arranged transportation to and from the school. We understand that there may be situations where other transportation arrangements may be required for your son/daughter.

Please indicate the alternate arrangements below: (INCLUDE OPTIONS AS NEEDED)

I will be driving my son/daughter to the out-of-school learning experience and will contact the teacher in charge upon arrival.

I will pick up my son/daughter from the out-of-school learning experience. I will contact the teacher in charge before leaving with my child.

I give permission for my son/daughter to be driven by _____ to the out-of-school learning experience and he/she will contact the teacher in charge upon arrival.

I give permission for my son/daughter to be picked up from the out-of-school learning experience by _____. This person will inform the teacher in charge before leaving with my child. They will provide photo ID before my child will be released.

I give permission for my son/daughter to drive to the out-of-school learning experience and he/she will contact the teacher in charge upon arrival.

I give permission for my son/daughter to drive from the out-of-school learning experience. He/she will inform the teacher in charge before leaving.

I give permission for my son/daughter to be dismissed from the retreat center

Signature of Parent/Guardian: _____

Date: _____

Gr. 12 Retreat Teacher Signature Form

I, _____ have spoken to
all my teachers and obtained their signature to inform them that I
will be on my grade 12 retreat on the following day:

_____. I understand that it
is my responsibility to make arrangements with my teachers
regarding the work that I will be missing that day.

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

Period 5: _____