



ADDENDUM D Authorization for School / Centre Activity

School name	Westwood Senior High School
Activity description (Refer to the information letter if applicable)	Stoneham + Mt. Ste-Anne Ski weekend.
Group participating and approximate number of participants	Grade 10 + 11 (approx 40 students)
Special requirements / skills	ski / snowboard
Educational objectives	recreational activity
Location	Stoneham + Mt. Ste-Anne
Date(s)	February 14 - 16th 2025
Supervision (description and ratio)	1:13
Person(s) in charge	Melissa Sanders
Method of Transportation	coach bus
Cost	\$ 470

PERMISSION AND RELEASE

NAME OF STUDENT: _____ GRADE LEVEL / PROGRAM: _____

1. The undersigned declares that the above named student is a minor in their legal charge.
2. The undersigned acknowledges full awareness of the risks involved in this activity, and accepts the arrangements for supervision as noted above;
3. Consequently, the undersigned hereby grants permission for the above named student to participate in this activity.
4. A signed Emergency Medical Treatment Form is on file. Please communicate immediately to the school's main office any revisions or changes to your child's medical status.
5. The undersigned acknowledges that, in the event of an emergency during the outing, supervisors will be contacting those individuals identified in the child's active file. Please ensure that the information provided in this file is up to date.
6. If necessary, the undersigned authorizes the student to be carpooled.

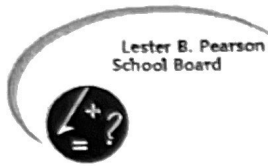
Name

Relationship (parent, tutor or legal guardian)

Signature

Date

This form must be completed for all types of trips or activities off school premises



Lester B. Pearson
School Board

Commission scolaire
Lester-B.-Pearson

EMERGENCY MEDICAL TREATMENT FORM

WESTWOOD HIGH SCHOOL - SENIOR CAMPUS

STUDENT'S NAME:	GRADE LEVEL:
STUDENT'S QUÉBEC HEALTH INSURANCE NO:	EXPIRY DATE:
MEDICAL ALERTS, ALLERGIES, ETC. (SPECIFY TYPE):	
IF MEDICATION HAS BEE PRESCRIBED, PLEASE SPECIFY TYPE:	

- If the student is using prescribed medication for asthma and/or allergies, he/she must carry this medication on his/her person at all times. Failure to do so will result in the student being disallowed from participating in this event.
- You are responsible for submitting a revised form if there are any changes in the medical information you are providing.

NAME OF FAMILY PHYSICIAN (IF AVAILABLE): _____

EMERGENCY MEDICAL TREATMENT

The Undersigned hereby agrees that, in the event that I or my spouse or parent/tutor/guardian cannot be contacted within a reasonable period of time, the person in charge be appointed to authorize the admission to hospital, if deemed necessary by a medical doctor, and emergency medical treatment recommended by a medical doctor be given to the above named student while participating in this activity, trip and related events.

NAME OF ADULT STUDENT, PARENT, TUTOR OR LEGAL GUARDIAN(s) PLEASE PRINT _____

HOME ADDRESS: _____

HOME TELEPHONE #: _____ ALTERNATE TELEPHONE #: _____

BUSINESS TELEPHONE NO: _____

Father
Mother

CELL NO.: _____

Father
Mother

GUARDIAN Home # _____ Cell # _____

SIGNATURE AND RELATIONSHIP

DATE

This form must be completed for all types of trips or activities off school premises.

Westwood Senior High School Field Trip Behaviour Contract

In being permitted to attend the 2025 Westwood Senior Ski Trip to Stoneham and Mont Sainte Anne, during the dates of February 14, 2025 to February 16, 2025 , I _____ agree to abide by the regulations put in place. I agree to:

General Rules

- 1) Be on time for all scheduled departures, curfews, and parent pick up and drop off.
- 2) Respect all trip participants, condo guests, employees, property of the facility and transportation vehicles.
- 3) Behaviors that cause emotional, mental or physical harm to another person will not be tolerated.
- 4) Abstain from the use, possession and selling of drugs of any kind or format. (Items will be confiscated). I also agree that at any point my bags may be searched if there is a suspicion of a breach of trust or violation of this rule.
- 5) Pay for any loss of items, damage or vandalism etc. to the facilities caused by my actions.
- 6) Take full responsibility for my actions and behavior on this trip and respect the space and belongings of all participants. I will be in possession of only my belongings.
- 7) Follow the instructions and directions of the ski trip leaders at all times. Failure to do so will be seen as insubordination and as such will be treated as a potential safety risk.
- 8) All groupings and room/condo assignments must be adhered to (no switching). Curfew is 11pm – students must be in their assigned room or condo (no visiting after 11pm). Rooms and condos are out of bounds from 9am to 3:30pm every day. Hotel and resort rules and regulations must be followed at all times (noise kept to a min., no smoking in the hotel or condo). All students must supply food for all their meals. Students wanting to leave the premises at any time must get permission from a leader. No outside visitors, not part of the trip are allowed – for any reason.

Ski Hill Rules:

All students must be at the hill or on the slopes from 9am to 3:30 pm. Rules and regulations on the slopes must be adhered to.

Failure to comply with the stated conditions will result in the student(s) being sent home from the trip. The student/parents will be responsible for paying all costs associated with the travel back to his or her home. Sending a student home with or without supervision will be at the discretion of the trip leader.

In case of an altercation, all students involved will be dealt with according to the decisions of the trip leaders and if necessary in consultation with administration. In all cases the trip leader, (in consultation with administration if necessary) will make the final decisions regarding the consequences assigned to the student – at the hill, at the school upon their return – or both.

If at any point I am sent home, I am aware that I will not receive a reimbursement or refund. Acceptance on this field trip is conditional on the student maintaining good standing and displaying appropriate and acceptable behavior during the school year.

I _____ (parent /guardian – please print) have read the contract and agree with all conditions and consequences. I am aware that I will be responsible for costs associated with my child being sent home from the trip and that I am not entitled to a refund.

I, _____ (Student - please print) have read and understood all the conditions and expectations of this contract and agree to adhere to all rules and regulations. I understand that failure to comply will result in me being sent home. I also understand that I may be required to undergo other sanctions and or consequences from the school as a result of my actions.

Signature _____ (parent/guardian)

Signature _____ (student)

Date of signature: _____