

## School Permission Form Outdoor School Program - Counsellor Leaders

Please Print All Information

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Birth date (DD/MM/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

The above student has been selected to attend the Outdoor School Program as a counsellor for the week of \_\_\_\_\_. It is necessary that the student receive **permission from teachers, counsellors, school administration, and a parent/guardian**, prior to attendance. Students are urged to complete work prior to the Outdoor School program and make up work after returning. There is also some limited time during evenings for students to complete work while at the Outdoor School program.

### Teachers' Comments and Signatures

Subject	Comments	Teacher Signature

**School Counsellor Signature:** \_\_\_\_\_ **School Administrator Signature:** \_\_\_\_\_  
*Principal or designate*

### Parent/Guardian

Please check one below:

- This is my child's first time to Cheakamus Centre during the current school year. Please submit a Medical Form prior to your counselling week.
- I confirm that there have been **NO CHANGES** to the medical, dietary, or contact information for my child provided to Cheakamus Centre for the current school year.
- I confirm that there **HAVE BEEN CHANGES** to the medical, dietary, or contact information for my child provided to Cheakamus Centre for the current school year. Please submit a new Medical Form prior to your counselling week.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please complete this form as soon as possible.  
 Scan/email it to [odsleaders@sd44.ca](mailto:odsleaders@sd44.ca) then return the hard copy to your school counsellor. Thank you!*