



## PARENTAL PERMISSION FORM

This form **MUST** be signed by a parent or legal guardian of any child participating in the **High School Class visit to the Chemistry Department at Carleton University**. This completed and signed form must be brought to the event in order for your child to be able to participate.

First and Last Name of Participant: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Student's Email \_\_\_\_\_

Home Address \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Contact Information of Parent/Guardian:

Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

"The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the *Freedom of Information and Protection of Privacy Act* (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless you provide your consent. Should you have any questions concerning your personal information please contact **the Privacy Office at 613-520-2600 ext. 2047 or by e-mail at [University\\_Privacy\\_Office@carleton.ca](mailto:University_Privacy_Office@carleton.ca)**. Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law."

I understand that CARLETON UNIVERSITY and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that CARLETON UNIVERSITY, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above program, including traveling to and from the University campus.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any program or activity and I agree to indemnify and save harmless CARLETON UNIVERSITY, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child (ren) as a result of their participation in this program.

**I hereby grant permission for my child to fully participate in the High School Class visit to the Chemistry Department. I declare having read and understood the above and hereby consent to my child participating on the basis described.**

Permission is hereby given for any photos of my child to appear in the program brochure or in any other advertising publication by CARLETON UNIVERSITY.

Yes  No

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date