



3550, rue Wellington, Port Coquitlam (C.-B.) V3B 3Y5  
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## **SCHOOL CONSENT FORM**

**This form must be completed for each student.  
This School Consent Form is in effect until otherwise notified in writing or until the  
departure of the student from l'école des Pionniers-de-Maillardville.**

I, the undersigned, as the parent or legal guardian of :

**Student Name:** \_\_\_\_\_ currently attending

l'école des Pionniers-de-Maillardville,

### **PARTICIPATING IN SCHOOL ACTIVITIES**

consent herewith that my child, named above, can participate in school activities taking place **at the school, and on or nearby the school grounds.**

This includes **all activities** such as games, sports and other miscellaneous physical or non-physical activities included in the school program.

(For field trips, you will be given a separate authorisation form.)

**Exception** : My consent does not include:

\_\_\_\_\_

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

### **VERIFICATION FOR HEAD LICE**

I further authorise the school to look at my child's hair to verify his or her hair for head lice should he or she exhibit related symptoms.

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