



QUEEN OF ALL SAINTS SCHOOL
WALKATHON – OCT. 10th at COMO LAKE PARK

FAMILY INFORMED CONSENT / PERMISSION FORM

**PLEASE READ THE WALKATHON DETAILS FLYER BEFORE
SIGNING THIS PERMISSION FORM.**

Please complete and return this form to the school office by Monday, Sept. 22nd.

1.) I give permission for my child(ren)

_____ in Grade _____
_____ in Grade _____
_____ in Grade _____
_____ in Grade _____



to participate in the QAS Walkathon on Friday, October 10th, 2025.

2.) I have read the *Walkathon Details* flyer and am aware that:

- i.) *the Walkathon will be held rain or shine, and my child(ren) will wear the school gym strip and be dressed appropriately for the weather.*
- ii.) *all QAS students will be walking to and from Como Lake Park accompanied by their teacher.*
- iii.) *all students will be dismissed from QAS School at 12:00 p.m. I have made arrangements for my child(ren) to be picked-up at that time.*
- iv.) *students will be supervised by QAS staff and/or parent volunteers. While an adult may not be accompanying/supervising my child directly at all times, I am aware that parent supervisors are located at strategic check points around the lake and at the washroom areas.*
- v.) *as in any activity, certain inherent risks are present. In this particular activity, students will be crossing Como Lake Ave with the traffic signal at Schoolhouse and walking along a trail which is in close proximity to Como Lake. I will instruct my child(ren) that playing near/in the lake is dangerous and prohibited, and that the playground at the park is out of bounds at all times. I am aware that Como Lake is a natural bird habitat and that wild fowl or other animals (dogs, etc.) present.*
- vi.) *I am to inform my child(ren)'s teacher of any medical conditions (e.g. asthma) or allergies which may affect my child(ren) during this activity.*
- vii.) *all students will receive a packaged treat once returning to school unless otherwise instructed. As this treat may contain nut by-products, I will instruct my child(ren) if he/she may not have one.*
- viii.) *accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, the school or its employees, parent supervisors or the facility where the activity is taking place. By allowing my child(ren) to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity is suitable for my child(ren).*

Parent's Signature

Date

OR

I do not give permission for my child(ren) _____ in Grade(s) _____
to participate in the Walkathon. *(Students not attending will remain in the school.)*

Parent's Signature

Date