



École Hadley Junior High School
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RELAY FOR LIFE PERMISSION FORM

Staff Member Responsible: Katie Campbell kcampbell@wqsb.qc.ca & Sarah Kane skane@wqsb.qc.ca

Event Date: May 22nd 2026

- **CHECK IN: 5:30-6:45pm (no one will be let it after 6:45pm)**
- **Event time: 7pm-7am**
- **Pick Up time: 7am May 23rd**

Please note: All students should go home after school May 22nd after the final bell, then return to campus for the event that evening. We do not have the staff to supervise students from 3:30-5:30pm nor do we have the space to store student's belongings for the event in a secure location until such time.

While the administration and staff of Philemon/Hadley endorse student participation in a variety of educational experiences, parents should carefully review their child's academic and attendance records before signing this form.

PARENT/GUARDIAN AUTHORIZATION Parents/Guardians – Please print clearly:

1. I hereby give _____ (name of child) permission to take part in the Relay for Life event.
2. I hereby appoint any or all of the stated trip supervisors to act as my agent and in my name to engage such medical and hospital care which may be required in the opinion of a qualified medical practitioner.
3. I hereby, for myself and _____ (name of child) release and discharge the Western Quebec School Board from all manner of actions, causes of action, claims and demands for, upon or by reason of any damage, loss of injury to person or to property during the above-mentioned trip (except damage, loss or injury to person or property occasioned by the negligence of a servant or agent of the Western Quebec School Board only if acting within the scope of his/her duties).
4. I recognize that ALL school rules apply during the Relay for Life event and any student who chooses not to comply with these rules will be reprimanded as per the school's discipline policy and MAY be required to be picked up early from the event. I have thus provided an emergency contact number for someone who can be reached in the event that my child must be picked up early from the event.
5. I acknowledge that I have read and fully understood this Authorization.

Date: _____ Signature of Parent/Guardian _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Important Reminders:

- **All students must pay a registration fee for the event of \$20**
- **All students must raise a minimum of \$50 fundraising for the Canadian Cancer society**

**\$20 REGISTRATION FEE & THIS FORM NEEDS TO BE SUBMITTED BEFORE May 8th
 YOUR CHILD WILL NOT BE LET INTO THE EVENT IF WE HAVE NOT RECEIVED THIS FORM.**

Students can give the form to either Ms. Campbell or Ms. Kane.