

# CROSSING THE CANADA – U.S. BORDER

As you are aware, the requirements and restrictions for crossing the Canada/US border have changed. Effective June 1, 2009...

“Canadian Citizens 18 years of age or under who are traveling with a school or other organized group, under adult supervision with parental/guardian consent, may present proof of citizenship alone.”

- Canadian Border Services Agency, 2009

THIS MEANS THAT ALL OP STUDENTS WILL REQUIRE THE FOLLOWING:

1. Travel Insurance – we must have the name of the insuring company, the name of the policy holder, the policy number, and the emergency contact number of the insuring company.
2. Proof of Citizenship – Original birth certificate\*, original Canadian Citizenship Card\*, or original passport (photocopies are unacceptable).
3. Consent Form – Must be completed, dated, and signed by student’s parent/guardian.

*\* If a student is bringing proof of citizenship that has no photo on it, students must provide a second piece of ID with a photo (this may include student cards, drivers’ licenses, etc.)*

All of the above documentation will be collected and held (carefully) by the instructors on each trip. This ensures that students do not need to worry about losing or damaging these documents. All documentation will be returned to students upon our return to Kingston.

ANY STUDENT WHO HAS NOT SUBMITTED ALL OF THE ABOVE DOCUMENTS TO GOULD LAKE STAFF BY THE TIME OF OUR DEPARTURE WILL NOT BE PERMITTED TO ACCOMPANY THE TRIP.

NO EXCEPTIONS CAN BE MADE.



# PARENTAL CONSENT FOR CROSSING THE CANADA – U.S. BORDER

I, the undersigned, give consent for my son/daughter,

\_\_\_\_\_  
STUDENT NAME

to cross the Canada/US border with Gould Lake Outdoor Centre staff, as part of a school program run by the Limestone District School Board to the Adirondack mountains in New York State.

Dates: (Please check the appropriate box)

- Session 1 : July 15- July 21, 2017  
 Session 2 : August 7 - August 13, 2017

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
DATE

---

## TRAVEL HEALTH INSURANCE INFORMATION

Student Name: \_\_\_\_\_

Please Circle OP Session:      1              2

Insuring Company Name: \_\_\_\_\_

Insuring Company's Emergency Contact #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_