



Dear Parents/Guardians & Youth:

Routes Youth Centre is going on a trip to **The Royal Botanical Gardens**, (680 Plains rd.) We will explore the exhibits, walk the outdoor trails and play at the park.

| | | | |
|------------------------------|--|-------------|--------------|
| <i>Date</i> | Wednesday, July 30, 2025 | <i>Time</i> | 12 pm - 5 pm |
| <i>Location</i> | Meet at Routes, travel to The Royal Botanical Gardens 680 Plains Road West, Burlington | | |
| <i>Cost</i> | FREE | | |
| <i>Transportation</i> | City Bus, Hamilton Street Railway (HSR) | | |
| <i>Important Information</i> | <ul style="list-style-type: none">• Spots are limited. To ensure you have a spot on the trip hand in your permission form as soon as possible.• An Emergency Contact Card (see back) must be filled out | | |

*Questions regarding the trips text/call Routes @ 905-929-0572

Please sign and return as soon as possible to reserve your spot

I _____ (parent/guardian), grant permission for

_____ (youth's name) to attend the **trip to the Royal**

Botanical Gardens. I understand that Routes Youth Centre and/or the Dundas Youth

Chaplaincy are not liable for any incident(s) that may occur during this trip.

Parent/Guardian Signature _____ Date _____
(or youth if 16 or older)

☐

I have completed the Emergency Contact Card (see back)



Routes Youth Centre requires the parent/guardian of each youth who wishes to attend any trip to fill out the **Emergency Contact Card** provided below. If there are any questions regarding this form please call or text: 905-929-0572

EMERGENCY CONTACT CARD

Name of Youth _____ Pronouns _____

Date of Birth (DD/MM/YY) _____ Age _____

Allergies/Chronic Illness: _____

Will youth take any medication at Routes (e.g. inhaler)? Y / N If you circled yes, please provide any details we might need to know (e.g. will youth carry it, does it require refrigeration, etc.):

Parent/Guardian:

Name _____ Relation to youth _____

Main phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

Emergency Contact #2

Name _____ Relation to youth _____

Main phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

Emergency Contact #3

Name _____ Relation to youth _____

Phone # _____ Text capable: Y / N (circle one)

Other phone # (if applicable) _____

In an emergency, the listed parent/guardian would be contacted first. If parent/guardian listed above cannot be reached, Contact #2 followed by Contact #3 would be contacted.

Any other important information we should know:
