



Sacred Heart School

4419 52 Avenue, Wetaskiwin
AB, Canada T9A 2X7
780-352-5533

Local Field Trip Parent Permission Letter

Field Trip Activity Religion Retreat

Location/ Destination Covenant Bay Camp
15022 TWP RD 470
Westerose, AB

Field Trip Details

Tues. Sept 24 - Grade 7
Fri. Sept 27 - Grade 8
Tues. Oct. 1 - Grade 9

Date of Field Trip	Start: <u>Sep 24, 2019</u>	Time of Departure	<u>9:00</u>
	End: <u>Oct 1, 2019</u>	Time of Departure from Venue	<u>4:00</u>
		Time of Return	<u>4:30</u>
Cost	<u>Not Applicable</u>		

Integration of the events and activities with Program of Studies / Educational Value

A great opportunity for all junior high students to experience faith and assist with their spiritual journey.

Grades Attending Grade 7-9

Number of Attending Students 175

Number of Attending Teachers 8

Number of Non-Teaching School Staff 4

Number of Attending Volunteers 0

Lead Teacher and Contact Karen Ballhorn

Attending Teachers, Supervisors and Volunteers

Jr High Teachers and Educational Assistants

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation bus

Clothing Required

Dress for all types of weather. Outdoor footwear is required. No flip flops or sandals.

Other Information

Mosquito repellent and sunscreen would be an asset. Lunch is provided for all students. Please bring a water bottle.

Risks - Inherent, special or unusual risks associated with the field trip

CANOEING

Slip/Trip/Fall hazards associated with wet dock/deck surfaces, change rooms, slippery or muddy boat launches, running, horseplay.

Injury or Drowning exposures due to capsizing, no life jacket or improper size, water too deep for students skill level, swallow water, panic, improper supervision, no life guard on duty, horseplay, inadequate life safety equipment, being hit with a paddle, inadequate training, emergency whistles.

Weather related risks such as sunny/hot temperatures (Sunburn & Dehydration), high winds (increase risk of capsizing), rain, fog, thunderstorms, lightning.

All manner of injuries resulting from the use of apparatus and equipment.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

All manner of injuries resulting from tipping a canoe with possible hypothermia.

Weather changes affecting the safety of persons canoeing.

All manner of injuries and/or death which may result in the transportation to and from the facility.

WALL CLIMBING

Injuries due to failure of equipment and / or gear; injury from falling off the climbing wall, impacting the wall, and / or the floor; rope abrasion, and other equipment related injuries; cuts, pinches, abrasions, and bruises.

All manner of injuries resulting from entanglement and other injuries resulting from activities such as climbing, belaying, rappelling, rescue systems and any other rope technique.

All manner of injuries resulting from falling climbers or objects such as rope or climbing hardware.

Cuts and abrasions resulting from contact with obstacles.

Failure of ropes, slings, harnesses, climbing hardware, anchor points or any other part of the rope course equipment.

All manner of head, neck, spinal injuries.

All manner of injuries and/or death which may result in the transportation to and from the facility.

ZIP LINE

All manner of injuries resulting from swinging with the use of cables, harnesses and ropes.

All manner of injuries resulting from possible equipment failure and/or malfunction.

All manner of injuries resulting from fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of head, neck, spinal injuries.

All manner of injuries and/or death which may result in the transportation to and from the facility.

ARCHERY

Slip/Trip/Fall hazards associated with poor court/field conditions, slippery floor waxes, water or sweat on the court, wet grass, outdoor weather conditions.

Injuries resulting from errant arrows, cuts/scrapes from bow, hazards with retrieving arrows, ricochet hazards, horseplay, pinched fingers, punctures.

All manner of injuries resulting from the use of apparatus and equipment.

All manner of injuries and/or death which may result in the transportation to and from the facility.

CYCLING

Weather related risks such as freezing temperatures, high winds, snow, rain, fog, thunderstorms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, pavement, gravel, sand, mud, water, oil and debris.

Injuries resulting from serious falls or collisions, sprains, strains, scrapes, cuts, accident with traffic.

Injuries resulting from hazards of trails, routes, or roadways including uneven or unstable surfaces, steep grades, sharp turns.

Injuries resulting from Equipment failure including tire puncture and problems in shifting and/or braking.

All manner of injuries and/or death which may result in the transportation to and from the facility.

RETREAT

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries resulting from the use of apparatus and equipment.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of injuries and/or death which may result in the transportation to and from the facility.

ZIP LINE

All manner of injuries resulting from swinging with the use of cables, harnesses and ropes.

All manner of injuries resulting from possible equipment failure and/or malfunction.

All manner of injuries resulting from fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of head, neck, spinal injuries.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Date Submitted for Approval Sep 4, 2019

Signatures

Verna Sand

Principal (Signature)

Verna Sand

Print Name

Sept 10, 2019.

Date

KBallhorn

Lead Teacher (Signature)

Karen Ballhorn

Print Name

Sept. 10, 2018

Date

Sacred Heart School
PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Sep 20,2019**



Student Name _____ **Grade** _____

Field Trip Activity Religion Retreat **Start Date** Sep 24,2019 **End Date** Oct 1,2019

Location Covenant Bay Camp
15022 TWP RD 470
Westerose, AB

Method of Transportation bus

Cost Not Applicable

Additional Information / Explanation

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), (NAME OF STUDENT HERE) _____ is to act in accordance of the School Act, District policy and rules as to student conduct. St. Thomas Aquinas Roman Catholic Separate Regional Division #38 does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

I understand that St. Thomas Aquinas Roman Catholic Separate Regional Division #38 assumes no financial liability to the students and/or their parents/guardians should the board cancel or interrupt an approved student trip / excursion for any reason whatsoever. I understand no parents/guardians shall be reimbursed for the loss of any field trip monies if the field trip/excursion is cancelled or interrupted. This includes any form of deposit. However, a parent shall be reimbursed field trip/excursion monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip/excursion, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances. I further understand that, in all instances, the board reserves, in full, the right to make any cancellation or interruptions it deems fit.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and/or travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

I understand and accept the above and provide the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 with the following waiver of liability and RELEASE AND INDEMNIFICATION AGREEMENT. I hereby release the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 and its' staff and agents from any and all liability for any injury sustained regardless of how caused, resulting from participation in the aforementioned field trip/excursion.

* { My child will attend the event: _____

Alberta Health Care Card Number: _____

Emergency Parent Contact: _____

Emergency Parent Phone Number: _____

My child will NOT attend the event: _____

* Parent Signature: _____ Date: _____

Parent signature is required regardless if the child is attending the event or not. This form is REQUIRED to be returned to school.

If you are experiencing financial difficulties please contact the principal in confidence.