

**Grade 1 field trip –**  
**Art Gallery of Alberta**  
**October 17, 2017**



This letter addresses the procedures of the GSACRD #734 Administrative Policy 260, Field Trips and Excursions.

**BE SURE TO READ ALL THE INFORMATION IN THIS PACKAGE.**

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**Educational Assessment**

**The educational value of the trip:** We will be visiting the Art Gallery of Alberta and participating in the Colour Play program, which is directly linked to our Science curriculum. In this program, the students will explore their world through colour with multi-sensory and experimental colour exercises.

**Destination:** Art Gallery of Alberta

**Detailed itinerary:**

9:15 am– bus leaves for Art Gallery of Alberta

9:50 am – bus arrives at Art Gallery of Alberta

10:00 am – 12:00 pm – students will participate in the Colour Play program.

12:00 pm –students prepare for buses

12:10 pm – bus leaves for school

12:45 pm – bus arrives at EMP

**Mode of transportation:** bus

**Financial costs and arrangements:** \$14.00

**Supervision:** 1 supervisory teacher and 3 volunteers per class, in order to provide a required minimum.

**Student Expectations:**

- Students are expected to behave in the same manner as they are expected to behave in school.
- Students are required to bring any required medication and administer as needed.
- Students are required to remain with their designated group at all times.

**Parent/Guardian Expectations:**

- Ensure that children are appropriately dressed for the weather / bus.
- Read and sign this document and return the school's portion by **October 11, 2017.**

**Safety Assessment**

**State special risks associated with the activity(ies) and the procedures and precautions for these risks.**

- A 1 to 6 supervision ratio.
- In the event of injury, illness or unusual circumstances, the following safeguards will be in place: student will bring required medication in a backpack, first aid kits will be available, we will have access to cell phones.
- Medical personnel will be phoned if necessary and parents will be contacted.

**Student medical conditions and information procedures:**

Medical Conditions: \_\_\_\_\_YES \_\_\_\_\_NO

Details of the medical conditions and the medication being sent on this trip:

\_\_\_\_\_ Medication needs to be administered by teacher while on the field trip/activity

\_\_\_\_\_ Allergies include: \_\_\_\_\_ Epi-pen is required: \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_ Inhaler is required \_\_\_\_\_

\_\_\_\_\_ Specialized transportation

\_\_\_\_\_ Other: \_\_\_\_\_

Please note: Any medical or required equipment needed for your child on this trip/activity must be checked by the parent to ensure that it is in working order prior to the trip and either in the child's possession or the teacher's possession upon your instruction. This includes epi-pens, and inhalers.

**Written Consent**

Parents/guardians must provide written consent for their child(ren) to attend any given field trip.

**Teachers are NOT able to accept verbal permission given over the telephone. A student will not be able to attend a field trip unless the teacher has received a fully completed and signed consent form for each child.**

I have read and understood the educational and safety assessment provided concerning the detailed school activity. Please be aware that with any activity there are some risks.

I give permission for my child \_\_\_\_\_ to attend the Art Gallery of Alberta on October 17, 2017.

I hereby authorize any of the supervisors to administer medical attention that the above named student requires and to make any arrangements requires for emergency transportation. I assume all responsibility for the costs of such transportation.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Alternate Emergency: \_\_\_\_\_

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**Please select your payment option:**

\_\_\_\_\_ \$14.00 cash      \_\_\_\_\_ \$14.00 cheque      \_\_\_\_\_ \$14.00 School Cash Online  
(<https://GSACRD.schoolcashionline.com>)

\_\_\_\_\_ **Please use the Parent Reserve Fund** (*for those experiencing financial difficulties*).

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I am interested in acting as a parent supervisor for this field trip. I have all of the proper documentation.

\_\_\_\_\_ Child Welfare Check  
\_\_\_\_\_ Criminal Record Check  
\_\_\_\_\_ Volunteer Form

*Please complete this form and return it to your child's homeroom teacher by Wednesday, October 11<sup>th</sup>.*

*Please retain this copy for your records.  
for your own information*

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