

**Grade 1 workshop-**  
**Hands-On Sciences- Five Senses**  
**November 26, 2018**



This letter addresses the procedures of the GSACRD #734 Administrative Policy 260, Field Trips and Excursions. Please sign and date the permission slip and return it to school with your child on or before the requested date.

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

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**Educational Assessment**

**The educational value of the trip:**

Students will engage in a brief discussion identifying each of the senses and the ways that our senses contribute to our safety and quality of life. Students then develop an in-depth awareness of their own senses and how they are used through exploration and discovery at five sensory stations involving touch, taste, sight, smell and sound.

**Destination:** EMP classroom number 146

**Date of Field trip:**

Monday, November 26, 2018

**Detailed itinerary:**

(9:10-10:40)-1A and 8 students from 1B

(11:15-12:45pm)-1C and 9 students from 1B

**Mode of transportation:** None

**Financial costs and arrangements:** \$11.00 per student

**Supervision:** 5 volunteers per class.

**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:**

- Read and sign this document and return the school’s portion by **Tuesday, November 20, 2018**. Please keep the parent copy for your records.

**Safety Assessment**

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

-The students will be **TASTING** chilli powder, cinnamon, sugar, salt, decaffeinated coffee, curry powder, cornstarch, icing sugar, raspberry lemonade drink crystals, grape drink crystals, vinegar, red ketchup, strawberry Nesquik, lemon juice, lime juice.

The students will be **SMELLING** watermelon, fish food, soap, cherry, anise, caramel, black pepper oil, bubblegum, orange, root beer, peppermint, chocolate, moss, coffee, pine.

Hands On Sciences cannot guarantee that these substances have not been in contact with other allergens.

-In the event of injury, illness or unusual circumstances, the following safeguards will be in place: student will have the required medication in the school; first aid kits will be available.

-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 Hands on Sciences workshop on Monday November 26, 2018.

I have enclosed \$11.00 to cover the cost of the field trip.

\$11.00 cash       \$11.00 cheque       \$11.00 School Cash Online  
 Please use the parent reserve fund (*for those experiencing financial difficulties*).

I hereby authorize any of the supervisors to administer medical attention that the above named student requires and to make any arrangements required 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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If you are able to help supervise by sitting with a small group, and leading a center, please fill out the bottom portion of this page.

Parent's Name: \_\_\_\_\_

I have all of the proper documentation handed in at the office.

Child Welfare Check

Criminal Record Check

Volunteer Form

*Please complete this form and return to homeroom teacher by Wednesday  
November 20 2018*

*Please retain this copy  
for your own information.*

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