

***Physical Education:  
SKATING JANUARY 2019***

Dear Parents,

The K - 6 students of EMP will be skating during Physical Education blocks in January!

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

**Educational Assessment**

**The educational value of the trip:** This field trip will cover objectives from the Physical Education Program of Studies from grades K-6.

A – Application of basic skills (skating, moving in alternative environments)

D – Lead an active lifestyle

**Destination: Willoughby Park Rink, 6 Willoughby Drive (1.4 km from EMP)**

**Date of Field trips:**

**KINDERS: Wednesday, January 16 and 23rd : 9:00-10:45 am**

**Gr 1s: Tuesday, January 15 & 22: 9:00-10:45 am**

**Gr 2s: Friday January 11 & 18: 9:00-10:45 am**

**Gr 3s: Tuesday, January 15 & 22: 1:45-3:15 pm**

**Gr 4s: Friday, January 11 & 18: 11:00-12:25 pm**

**Gr 5s : Tuesday, January 15 & 22: 11:00- 12:15 pm**

**Gr 6As: Tuesday, January 15 & 22: 11:30-12:50 pm**

**Gr. 6Bs: Friday January 11 & 18: 1:45- 3:15 pm**

Breakdown of time:

5min- Meet at the classroom to gather all equipment & clothing

15 min- walk to Willoughby Park Rink

10 min- Put on skates, helmets and gloves/mittens

60 min-Skate

15 min- Walk back to school

**Mode of transportation:** walking

**Financial costs and arrangements:** none

**Supervision:** Classroom Teachers, Mme Moellenbeck and **5 parent volunteers per class** at the rink. We require **5 volunteers per class** in order for this to be a safe activity. Without adequate volunteers we will not be able to go skating.

**Student Expectations:**

- Students are required to bring their **SKATES, HELMETS AND GLOVES/MITTENS**.
- 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 **Wednesday, January 9th, 2019**
- Send skates, helmets, and gloves/mittens and a water bottle.
- Ensure students are dressed for the weather. This may include winter jackets, touques, ski pants, winter boots, and gloves/mittens.

**Safety Assessment**

This event is regarded as having moderate risks. However, we are required to list any risks that could be associated with this activity. These could include, but are not limited to, those risks associated with walking to and from the site, and skating on the ice rink.

Please do not hesitate to call if you have any questions.

Sincerely,

Mme Sarah Moellenbeck

[smoellenbeck@gsacrd.ab.ca](mailto:smoellenbeck@gsacrd.ab.ca)

**PLEASE KEEP THESE FRONT PAGES AT HOME FOR YOUR INFORMATION**

**Physical Education:  
SKATING JANUARY 2019**

Student's name: \_\_\_\_\_ Class: \_\_\_\_\_

**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.

Yes, my child \_\_\_\_\_ is able to attend.

Yes, my child has SKATES, A HELMET AND GLOVES.

My child does not have the proper equipment and will participate in the alternative activity beside the rink.

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: \_\_\_\_\_

**We ask that you complete THIS FORM and return to school no later than  
Wednesday, January 9th, 2019.**

## Parent Volunteer Form

**WE REQUIRE 5 PARENTS PER CLASS IN ORDER TO BE ABLE TO GO SKATING.**

\_\_\_ Yes, I am willing to assist as a parent volunteer on the Gr \_\_\_ skating dates.

\_\_\_ I have submitted all documentation to the office (Criminal Record Check, etc)

\_\_\_\_\_  
Parent NAME

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone Number

**We ask that you complete THIS FORM and return to school no later than Wednesday, January 9th, 2019.**