

**École Marie Poburan**  
**1B - John Walter Museum**



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:** We will be visiting the John Walter Museum and participating in the *Urban Pioneers* program, which is directly linked to our Social Studies curriculum. In this program, the students will bring history to life through hands-on activities that include churning their own butter, baking scones on a wood burning stove, candle dipping and making a wool-based keepsake.

**Destination:** John Walter Museum (9180 Walterdale Hill)

**Date of Field trip:** April 11, 2019

**Detailed itinerary:**

- 11:45 am – bus leaves for John Walter Museum
- 12:20 pm – bus arrives at John Walter Museum
- 12:30 pm – 2:30 pm – students will participate in the *Urban Pioneers* program.
- 2:30 pm – students prepare for buses
- 2:40 pm – bus leaves for school
- 3:15 pm – bus arrives at EMP

**Mode of transportation:** bus

**Financial costs and arrangements:** \$6.00

**\*\*Thank you to the school council for helping defray some of the cost of this trip.\*\***

**Supervision:** 1 supervisory teacher and 3-4 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:**

- Read and sign this document and return the school's portion by **March 20, 2019**

**Safety Assessment**

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

This event is regarded as having minimal risks. However, we are required to list any risks that could be associated with this activity. These could include, but are not limited to risks associated with bussing to and from the museum. There are also the risks associated with the candle dipping, as the students will be working with hot wax.

- 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 John Walter Museum on April 11, 2019.**

Please select your payment option:

\_\_\_\_\_ \$6.00 cash    \_\_\_\_\_ \$6.00 cheque    \_\_\_\_\_ \$6.00 School Cash Online  
(<https://GSACRD.schoolcashionline.com>)

\_\_\_\_\_ 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: \_\_\_\_\_

If you are interested in acting as a volunteer for this field trip, 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  
March 20, 2019.***