



École Marie Poburan Fieldtrip – Grade 1 Fountain Park Pool

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.

Educational Assessment

The educational value of the trip: Swimming covers various objectives from our Physical Education program and builds community within the class.

Destination: Fountain Park Pool

Date of Fieldtrip: September 11, 2014

Detailed itinerary:

Board bus:	10:10 am
Arrive at site:	10:20 am
Swim times:	10:30-11:30 am
Leave for school:	11:50 am
Arrival at school:	12:00 pm

Mode of transportation: bus

Financial costs and arrangements: no cost to students

Supervision: 1 supervisory teacher and 4-5 parent 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.
- If they wish to lock up their belongings, they should bring 50 cents for a locker. There will not be time for students to visit the concession, so please **do not send money for a snack**.

Parent/Guardian Expectations:

- Ensure that children are appropriately dressed for the event; swimsuit and towel
- Read and sign this document and return the school's portion by September 9, 2014

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 busing to and from the pool, with entering the water and with slippery pool decks and showers. In order to reduce these risks, teachers will supervise their classes on the bus and in the pool. The pool area will be fully supervised and there will be certified lifeguards on duty. All students will be required to wear a life jacket when in the large pool. They must also be with a parent at all times.

- A 1 to 4 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 available if needed.

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 field trip to **Fountain Park Pool on September 11, 2014.**

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: _____

If you are able to help supervise, 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
 September 9, 2014.*

*Please retain this copy
for your own information.*

École Marie Poburan



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