



Greater St. Albert  
Catholic Schools

## *École Marie Poburan* ***St. Albert - Musée Héritage & Youville Home Field Trip***

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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 get a full experience of the City of St. Albert and all of its wonders. They will begin by taking a city bus to the Musée Héritage Museum. There, they will participate to the Early Métis Community program and learn about the people who lived in St. Albert and the many ways they contributed to our community. Then, students will enjoy a historical walking tour around St. Albert to see historic sites and hear marvellous stories of our local people's history. Finally, we will conclude our day hearing about the past with the seniors at Youville home.

**Destinations:** [Musée Héritage Museum: 5 St Anne St, St. Albert, AB T8N 3Z9.](#)  
[Covenant Health Youville Home: 9A St Vital Ave, St. Albert, AB T8N 1K1](#)

### **Dates of Field trip:**

1C (Mlle Élodie Maunder) - Tuesday, April 30th 2019  
1B (Mme Pamela Woytiuk) - Thursday, May 2nd 2019  
1A (Mme Carly Fry) - Wednesday, May 8th 2019

### **Detailed itinerary:**

9AM - Depart EMP, walk to Brunswick Crescent and Sir Winston Churchill Avenue corner  
9:18AM - Take [A11 city bus](#) from Flagstone Crescent and Sir Winston Churchill Ave. bus stop  
9:28AM - Arrive at Musée Héritage Museum  
9:45AM-11:15AM - "[An Early Métis Community](#)" program  
11:15AM-11:45AM - Snack  
11:45AM-1:15PM - "[Historic St. Albert Tour](#)" concluding tour by the Youville Home  
1:15AM-1:45AM - Lunch (outdoors or indoors at Youville home)  
1:45PM-2:40PM - Visit with seniors of Youville Home  
2:45PM - Depart Youville Home and walk to St. Vital and Youville Home bus stop  
2:59PM - Take [A5 city bus](#) at St. Vital and Youville Home bus stop  
3:05PM - Arrive at St. Albert Centre Exchange  
3:09PM - Take [A11 city bus](#) from St. Albert Centre Exchange  
3:25PM - Arrive at Parkwood Drive and Park Ave [A11 bus stop](#)  
Walk to EMP using Poplar park trail  
3:30PM - Arrive at EMP

**Mode of transportation:** City Bus

**Financial costs and arrangements:** \$ 6.50 per student

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

**Supervision:** 1 supervisory teacher and 4 parent volunteers per class

### **Student Expectations:**

- **Students will need to bring a snack and their lunch, and dress appropriately to spend time walking outside.**
- 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 child is appropriately dressed for the weather (sunscreen, hats, proper closed toed walking shoes etc.).
- Read and sign this document and return the school's portion by **Tuesday, April 23, 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 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 Musée Héritage Museum, Covenant Health Youville Home, and St. Albert Exchange Centre. There are also risks involved with being outside and walking for long periods of time. In order to reduce these risks, teachers (with the help of parent volunteers) will supervise their classes on the bus, remind students to apply sunscreen/wear hats, and will monitor student during the day activities.

**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 school field trip on the date indicated above (1C-April 30th, 1B-May 2nd, 1A-May 8th)**

I have enclosed \$6.50 to cover the cost of the field trip.

\_\_\_\_\_ \$6.50 cash \_\_\_\_\_ \$6.50 cheque \_\_\_\_\_ \$6.50 School Cash Online <https://GSACRD.schoolcashionline.com>

\_\_\_\_\_ \$6.50 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 able to help supervise, please fill out the bottom portion of this page.**

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  
Tuesday, April 23, 2019*