

**Christmas Concert Rehearsal – St. Albert Baptist Church
École Marie Poburan**



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: Students will attend St. Albert Baptist Church to practice for their Christmas concert.

Destination: St. Albert Baptist Church

Date of Fieldtrip: Tuesday, December 16, 2014

Detailed itinerary: Please note the times depending on the grade of your child.

Drama Students

Leave EMP – 9:30am

Arrive at Church – 9:50am

**** Drama students will stay at the Church for the day.**

Please pack a bagged lunch and snacks, as they will be eating at the church.**

Leave Church 2:40pm

Arrive at EMP 3:00pm

Grades 1, 3 (Class 2/3C included), 5 Students – Students will eat their lunch upon their return from the church.

Leave EMP 10:45am

Arrive at Church – 11:00am

Concert Practice – 11:15 – 12:30pm

Leave Church 12:45pm

Arrive at EMP 1:00pm

Grades 2, 4, 6 Students – Students will eat their lunch prior to leaving for the church.

Leave EMP 12:45pm

Arrive at Church – 1:00pm

Concert Practice – 1:15 – 2:30pm

Leave Church 2:45pm

Arrive at EMP 3:00pm

Mode of transportation: walking

Financial costs and arrangements: no cost to students

Supervision: 1 supervisory teacher and 2-3 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.

Parent/Guardian Expectations:

- Ensure that children are appropriately dressed for walking outside
- Read and sign this document and return the school's portion by Monday, December 15, 2014

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, those risks associated with walking to and from the Church, and crossing the street. In order to reduce these risks, teachers and parents will supervise the students while walking and crossing the street.

- 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 called 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 St. Albert Baptist Church on Tuesday, December 16, 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 walking to and from St. Albert Baptist Church, and during the rehearsal, 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
Monday, December 15, 2014.*