

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 engage in two site activities: Mandala mosaic: where students will learn about the rich cultural connections of mandalas and explore the meaning behind this relaxing and multi-sensory activity. They will participate to building visual arts kites, where they will transform recycled paper and a chopstick into their own unique kite. Finally, students will view the Freckleface Strawberry show put on by the St. Albert Children's theatre.

Destination: St. Albert Place

Date of Fieldtrip: Tuesday May 31st 2016

Detailed itinerary:

Leave EMP on School bus to go to the Children's Festival grounds at 9:15am

Building Visual Arts Kites at 9:30-10:00am

Mandala Magic 11-11:45am

Freckleface Strawberry 1-2:05pm

Leave Children's Festival at 2:30pm

Arrive at EMP approximately at 2:45pm

Mode of transportation: School Bus

Financial costs and arrangements: 19.50\$ per student

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

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, this includes, but is not limited to: application of sunscreen prior to arriving.
- Read and sign this document and return the school's portion by Friday May 27th 2016. Please keep the parent copy for your records.

Safety Assessment

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 around the Children’s Festival Grounds. In order to reduce these risks, teachers and parents will supervise the students while walking on the Festival Grounds.

- In the event of injury, illness or unusual circumstances, the following safeguards will be in place: student will bring required medication in backpack, first aid kits will be available, and 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 The St. Albert Children’s Festival of the Arts on Tuesday May 31st 2016.

I have enclosed 19.50\$ to cover the cost of the fieldtrip.

cash cheque School Cash Online
 Please use the parent reserve fund.

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 during the Children's Festival 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 Friday May
27th 2016*

Please retain this copy for your own information

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