



SIR CHARLES TUPPER SECONDARY SCHOOL
Parent/Guardian Field Studies Consent Form
419 East 24th Avenue, Vancouver, BC V5V 2A2
Telephone: 604.713.8233 ♦ Fax: 604.713.8232

Teacher: Ms. A Krickan Course for Field Studies: Camp Highschool
To the Parent(s)/Guardian(s) of: _____ Grade: _____

The purpose of this form is to inform you about a proposed field studies involving your child, and to seek your support and permission for your child to participate. Field studies are part of the school program and they provide students with valuable learning experiences. However, should you not wish your child to participate in this activity, school staff will assign the student other learning activities at the school.

This is an important document. Please review the contents of this Consent and Acknowledgement of Risk form carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

If this form is not signed and returned to the school by 09 / 08 / 2023,
your son/daughter **WILL NOT BE PERMITTED TO PARTICIPATE IN THE FIELD TRIP.**

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: Hillcrest Community Centre, Sir Charles Tupper overnight DATE(S): Sept 21-22, 2023
ACTIVITIES TO BE UNDERTAKEN (be specific): walking, ultimate, gym sports, drama, games, and sleep-over
PURPOSE OR EDUCATIONAL GOAL(S): Building community and learning about ROARS, our school code
ITINERARY/ACTIVITIES: See attached
METHOD OF TRANSPORTATION: Walking* BY: * please indicate to counsellor if there is an accommodation needed
EDUCATOR-in-CHARGE: Alita Krickan
OTHER TRIP SUPERVISORS: W Higenbotam, T Baron, J Lauzon, J Hultquist, M Cancar, D Hendren, M. Cavaletto
COST TO THE STUDENT: \$100 WHAT TO BRING: See packing list
BEHAVIOUR EXPECTATIONS: ROARS, Respecting others feelings, body and belongings, owning up to mistakes, trying new things, looking after your own belongings, letting your LINK Crew leader know where you are at all times.

SCHOOL RESPONSIBILITIES

- The board will make every reasonable effort to ensure or ascertain that:
- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - b. The students are adequately supervised over all aspects of the program/activity.
 - c. The location(s) used are appropriate and safe for the activity(ies) and group.
 - d. A Safety Plan is in place to identify and manage known potential risks.
 - e. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION FOR PARENTS

This section outlines potential risks of participation in the field study and includes safety issues and precautions which have been discussed with students, (e.g. if students are required to wear specific safety equipment, such as goggles or helmets).

Risks: Walking in traffic. Ice skating (falling). Exposure to insects while outside. Chance of falling or being hit by a ball or disc while playing sports.

Safety issues & precautions:
Bring prescribed medication for overnight stay and inform staff of health concerns on the medical portion of this form. Bring an EpiPen if you have severe allergies. We will walk on the sidewalk and cross at crosswalks. Sports activities and skating will be supervised. Helmets will be worn during skating and there will be a beginner area with walkers.

Administrator's Signature	
Date	

PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program:Camp Highschool

Dates:Sept 21-22, 2023

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.

In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.

I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, _____ (parent/guardian) give permission for _____ (student) to participate in the field study described above.

I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

Date: _____

Name (Please print): _____

Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____ Cell _____

Comments

(please include below any restrictions or limitations which would prevent your child from fully participating in this trip, or any other special concerns which Board staff should be aware of surrounding your child.)

NOTE:

Efforts to minimize costs have been made to support student participation. In accordance with Board policy JN Students Fees, Fines and Hardship no student shall be denied an opportunity to participate in an activity because of an inability to pay fees. Please contact the teacher or Principal if you have questions or concerns regarding the amounts listed above.

Medical Information For Field Studies

The collection and retention of information requested on this form is authorized and governed by the BC School Act and the Freedom of Information and Protection of Privacy Act

(Please print carefully and legibly)

The following information is required in the event of the need for medical services.

Student Name: _____

Birth Date: _____

Address: _____

Grade: _____

Grade Counsellor: _____

Grade Administrator _____

BC Medical Services Plan Personal Health No.: _____

Student School Accident Insurance:

YesNo

Allergies (e.g., specific drugs, foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Date of last Tetanus shot: _____

Carries Epi pen?

YesNo

Inhaler?

YesNo

Medical Alert Bracelet?

YesNo

Medical/physical conditions that may affect participation in the field studies (e.g., illness, injury, recent hospitalization/surgery, conditions, phobias, etc.).

Specify activities your child should not participate in or modifications they may require to participate in the field studies

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns/restrictions: _____

Emergency Contacts:

1) _____

Phone: (H) _____ (W) _____ (C) _____

2) _____

Phone: (H) _____ (W) _____ (C) _____

Name of Physician: _____

Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Specify Parent/Guardian relationship who is filling out and signing this form: _____

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____

Signature _____

SUBJECT TEACHERS

The above mentioned student has parental permission to attend the field trip with the understanding that missed assignments will be completed on the student's own time.

Field trip sponsor teacher must ensure that this form is filled out prior to students requesting subject teacher's signatures.

DAY & PERIOD	SUBJECT	MAKE UP DATE FOR MISSED WORK Student is responsible for missed curriculum Students must record this information in their agenda	TEACHER'S SIGNATURE
1-1			
1-2			
1-3			
1-4			
2-1			
2-2			
2-3			
2-4			
Off T/T			