

Tyee Elementary School
3525 Dumfries Street, Vancouver, BC, V5N 3S5
604-713-4723

Parent/Guardian Field Studies Consent Form

Teacher _____ Hannah Langille and Daphne Gurney _____

To the Parent(s) or Guardian(s) of Division(s) ____ 5 & 6 _____:

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 your child to 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.

This form must be signed and returned to the school by _____ **November 28, 2016** _____ .

PROGRAM/ACTIVITY INFORMATION

DESTINATION: _____ HR MacMillan Space Centre _____

PROGRAM: ____ Field trip to the planetarium ____

DATE(S): _____ December 1, 2016 _____

SERIES OF ACTIVITIES TO BE UNDERTAKEN (Specify): ____ Day in Space, Surfing the Solar System, Solar System Fun, Secrets of the Sky, Our Night Sky ____

ITINERARY of ACTIVITIES:

Gr. 1

9:45 Arrive, 10:00 Our Night Sky, 11:00 Secrets of the Sky (Lounge), 12:00

Lunch/ Cosmic Courtyard, 1:00 Day in Space, 1:30 Depart

Gr. 2/3

9:45 Arrive, 10:00 Solar System Fun (Observatory), 11:00 Cosmic Courtyard,

11:30 Lunch, 12:00 Surfing the Solar System, 1:00 Day in Space, 1:30 Depart

METHOD OF TRANSPORTATION: __ Charter Bus _____ BY: __ Vancouver Bus Charters _____

EDUCATOR(s)-in-CHARGE: _____ Hannah Langille and Daphne Gurney _____

TRIP SUPERVISORS PLANNED: ____ Teresa Gray and Hart Dhillon _____

COST TO THE STUDENT: _____ \$22.00 _____

WHAT TO BRING: _Lunch and water in a backpack that the children are able to carry, appropriate clothing and shoes for the weather _____

OTHER CONSIDERATIONS:

We need 6-7 parent volunteers for this field trip. If you would like to volunteer please email hlangille@vsb.bc.ca or dgurney@vsb.bc.ca

BEHAVIOUR EXPECTATIONS:

All students are expected to comply with the Tyee School Code of Conduct and the school's expectations of student behaviour, cooperating fully with trip supervisors and participating in a responsible manner 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

Additional Comments and / or Requirements:

Tyee School or the Vancouver School Board will not be responsible for lost, stolen, or damaged items that your child brings to the education experience. Please do not send items of value with your child.

Students are NOT to bring cell phones, technology games or devices, jewelry, or valuable items

G. Marlow, Principal _____ Teacher: _____ Date: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

Tyee Elementary School

Destination:

Program:

Activity:

Dates:

Teacher Supervisor: _____

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, _____ (Name of parent/guardian) give permission for
(Name of 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 _____

Comments (please include any restrictions or limitations that 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/ Emergency Consent Form

Tyee Elementary School Medical Information For Field Studies

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

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant. **(Please print carefully and legibly)**

Student Name: _____ Birth Date: _____

Grade/Program: _____ Teacher: _____

Address: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: Yes No

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

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

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

Parent/Guardian 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 _____