

École Marie Poburan – A Prairie Community in the Past



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: Study the geography of the prairie settlers, examine natural resources of Saskatchewan, play a matching game, examine authentic Ukrainian artifacts, discuss isolation, learn about Pysanky, decorate a ball and cup craft, experience a Ukrainian dance lesson. Students will demonstrate an understanding and appreciation of how geography, culture, language, heritage, economics and resources shape and change Canada's communities.

Destination: In school fieldtrip

Date of Fieldtrip: Tuesday May 23rd 2017

Detailed itinerary: 9:00 am – 11:00 am in the classroom

Mode of transportation: N/A

Financial costs and arrangements: \$12/ student

Supervision: 1 teacher and 3 parent volunteers.

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:

- Read and sign this document and return the school's portion by **Tuesday May 16th 2017**

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. This activity has no significant additional risks. Activity risks are the same as classroom risks.

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 in-school fieldtrip to on **Tuesday May 23rd 2017**

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: _____

Please select your payment option:

I have enclosed **\$12** to cover the cost of the fieldtrip.

_____ \$12 cash _____ \$12 cheque _____ \$12 School Cash Online

_____ Please use the parent reserve fund (*for those experiencing financial difficulties*)

If you are able volunteer for this activity, please fill out the bottom portion of this page. I will take volunteers on a first come first serve basis.

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
Tuesday, May 16, 2017*

Please retain this copy for your own information.



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