

# 1A, 1B & 1/2C – Swimming at Fountain Park Pool

## 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:** Swimming covers various objectives from our Physical Education program and builds community within the class.

**Destination:** Fountain Park Pool

**Date of Field trip:** Thursday, June 22<sup>nd</sup>

#### **Detailed itinerary:**

Leave school: 10:00 am  
Arrive at site: 10:20 am  
Swim times: 10:30-11:30 am  
Leave for school: 11:45 am  
Arrival at school: 12:15 pm

**Mode of transportation:** Students will be walking to and from the pool

**Financial costs and arrangements:** no cost to students

**Supervision:** 1 supervisory teacher and 5-6 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.
- If they wish to lock up their belongings, they should bring 50 cents for a locker. There will not be time for students to visit the concession, so please **do not** send money for a snack.

#### **Parent/Guardian Expectations:**

- Ensure that children are appropriately dressed for the event; swimsuit and towel
- Read and sign this document and return the school's portion by Wednesday, June 14

### Safety Assessment

**State special risks associated with the activity(ies) and the procedures and precautions for these risks.**

This event is regarded as having moderate 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 pool, with entering the water and with slippery pool decks and showers. In order to reduce these risks, teachers will supervise their classes while walking, as well as in the pool. The pool area will be fully supervised and there will be certified lifeguards on duty. All students will be required to wear a life jacket when in the large pool. They must also be with a parent at all times.

- A 1 to 4 supervision ratio.
- 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 available 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.  
I give permission for my child \_\_\_\_\_ to attend the field trip to Fountain Park Pool on Thursday, June 22, 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: \_\_\_\_\_

**If you are able to help supervise by walking with us to and from the pool, as well as help supervise in the pool, 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  
Wednesday, June 14<sup>th</sup>.*

*Please keep this copy for your records.*

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