



October 9th, 2019

Dear Parent/Guardian,

On October 24th, 2019 the Grade 3 students in Ms. Farrish's, Ms. Aiuto's, Ms. Prange's and Ms. Blackburn's classroom will be going on a field trip to the National Music Centre: Studio Bell, located at 850-4th St. SE Calgary, Alberta. At the National Music Centre students will participate in a variety of activities and a classroom program that directly relates to hearing and sound. Students will be departing from the school at 9:15am and will return at 2:45 pm. We will be travelling by school bus provided by Southland Transportation. The cost for this trip is \$19.00.

Students will need to wear good walking shoes, be in formal uniform and be dressed appropriately for the weather. Please send your child with a lunch, water bottle and some extra snacks for the day. Please ensure that everything fits into their lunch kit as this is all we will be bringing on the trip. Electronic devices and money should be kept at home. Please note, that if any student has an EpiPen, they will need to wear a waist pouch containing their pen, and this must be worn for the duration of the trip.

Additional information about parent permission is available on the CBE website at:
<http://www.cbe.ab.ca/programs/curriculum/Pages/Field-Trips.aspx>.

Please be advised that students are expected to demonstrate respectful behaviour on this trip. More information about the National Music Centre Grade 3 program is available at: <https://nmc.ca/program/full-day-experience-gr3-6/>

Please read and complete all pages of the attached Acknowledgement of Risk and Medical Information forms, along with the bottom of this page by October, 17th 2019 at the latest. **Payment for this trip must be made directly on your My CBE Account.**

Important information regarding payment of this field trip fee

Please do not send payment to school

CBE and Glamorgan School encourages the use of My CBE/PowerSchool system

The charge for this trip will be entered into each student's My CBE/PowerSchool, either before or after the date of this field trip.

Please review the Glamorgan website for information regarding how to create your My CBE/PowerSchool account and make payments.

A maximum of 4 parents per classroom are needed to supervise on this trip. This will provide us with a 1:4 supervision ratio. If you would like to volunteer as supervisors for the trip, please ensure that you have a valid CBE Volunteer Security Clearance and completed the Glamorgan School Volunteer Orientation. Please indicate if you are able to volunteer on the form below. All volunteers should be approved a full week prior to the field trip date. If enough volunteers are not signed up then the trip may be canceled.

We look forward to this wonderful learning experience! Please feel free to email or call the school if you have any questions.

Sincerely,
Ms. Farrish
lafarrish@cbe.ab.ca
(Teacher-In-Charge)



Grade 3 National Music Centre Field Trip

I have completed and attached the Acknowledgment of Risk and Medical forms

I have paid \$19.00 online using My CBE Account. Receipt ID Number: CBE _____

Child's name: _____

Please fill out below if you are able to volunteer for the field trip.

Yes, I am available to volunteer for the National Music Centre field trip on October 24th, 2019

Volunteer's Name: _____

Child's Name: _____

My email address is: _____

My cell phone number is: _____

Yes, I have a valid CBE Volunteer Security Clearance

Yes, I have completed the [School Name] School Volunteer Orientation





**Calgary Board
of Education**

**Consent of Parent or Guardian and
“Acknowledgement of Risk” for “A” and “B” Off-
Site Activity/ies
Corporate Risk Management**

PLEASE READ CAREFULLY

STUDENT NAME: _____ **SCHOOL:** *Glamorgan School*

Select **either (A) or (B)** by marking an "X" in the box below

- (A) My child, or I, an "Independent Student" under the School Act (in either case, the "Student"), will be given the opportunity to participate in the program or activity referred to in Schedule B.

OR

- (B) My child, or I, an "Independent Student" under the School Act (the "Student"), will be given the opportunity to participate in the program and series of off-site activities for the program referred to in Schedule B.

1. As the parent or legal guardian of the Student, I agree on my own behalf and on behalf of the Student (or, as an Independent Student, I agree) to release The Calgary Board of Education ("CBE"), its Trustees, Superintendents, employees, consultants, agents and volunteers (collectively, the "CBE Group") and the Service Provider(s) of the program or activity named in Schedule B and its /their respective directors, officers and personnel (together with the CBE Group, collectively, the "Releasees") from any actions, claims, demands, losses, liabilities, damages, costs and expenses ("Losses") arising from or related to:
 - a) the program and activity/ies and any services provided to the Student during the program and activity/ies, except to the extent of Losses arising from the negligence or wilful default of any of the Releasees;
 - b) any risks and hazards inherent in or arising from the program and activities, whether foreseeable or unforeseeable;
 - c) any delay or failure to perform the program or activity/ies or related services arising due to events beyond the reasonable control of the Releasees, including without limitation, as a result of acts of God, fire, flood, epidemic, earthquake, terrorist acts, acts of war, governmental actions or changes of law; and
 - d) transportation of the Student to and from the activity/ies, including in the course of embarking or disembarking from any mode of transportation.

2. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that:
 - a) the supervisors and staff of the Service Provider are fully trained and qualified to supervise and direct the activities;
 - b) any CBE teacher or personnel accompanying the participants during the program and activities are trained and skilled as applicable;
 - c) the location and/or facilities at which the activities are carried out meet applicable health and safety standards;
 - d) any equipment made available to the Student by the Service Provider for use in the activity has been inspected by it and is deemed by it to be appropriate, safe, and well maintained;
 - e) the Student will be asked to participate in activities during the program or activity/ies that are age and observable skills appropriate; and
 - f) the Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.

3.
 - a) I have been provided by the CBE with information about the program and activity/ies, including the general nature of certain foreseeable risks and hazards associated with the program and activity/ies as indicated in Schedule B. However I understand any such risks that may have been identified by the CBE do not constitute a comprehensive and exclusive list of foreseeable or unforeseeable risks. I am not relying solely upon such information provided by the CBE and I reserve the right to obtain additional information upon such basis as I determine.
 - b) I voluntarily acknowledge and assume on my behalf and on behalf of the Student (or I, as an Independent Student, assume) the risks and hazards, known and unknown, inherent in the nature of or arising from or related to the program and activity/ies and I understand and acknowledge that the Student (or, as an Independent Student), as a participant in the program and activities, may suffer personal and potentially serious injury, illness, property damage or loss due to the foreseeable and unforeseeable risks inherent in or related to the program and activity/ies.

Consent and Acknowledgement of Risk

4. I confirm that the Student (or I, as an Independent Student) shall comply with the CBE's policies in effect from time to time (as contained on CBE's website or as otherwise disclosed to me by CBE) and any applicable CBE or school Code of Conduct and the rules of the Service Provider (as disclosed to me) in respect of the program and activity/ies as well with the directions and instructions of the CBE and/or Service Provider(s) with respect to the program and activity/ies.
5. I acknowledge that the failure of the Student (or my failure as an Independent Student) to abide by the CBE and/or Service Provider instructions and directions and with any applicable laws during or related to the program and activity/ies may result in exclusion of the Student (or me, as an Independent Student) from the program and activities, in which event, I, as a parent or guardian will transport the Student (or I, as an Independent Student, will be responsible for departing) from the location of the activities.
6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect the Student's participation (or my participation as an Independent Student) in the program and activity/ies and I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.
7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for the Student's safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport the Student (or me as an Independent Student) for emergency medical care, at my expense. **Schedule A to this Consent is a Medical Information form that I shall complete, sign and return with this form to the CBE and I warrant that the information contained therein concerning the Student is complete and up to date.**
8. I understand that I am responsible for the Student's (or, as an Independent Student, my) illegal activities arising during the program and activity/ies (including theft, vandalism or using or trafficking in illegal substances or non-prescription drugs).
9. I confirm that this Consent shall be binding upon me and, if I am a parent/legal guardian of a Student, that it shall also bind the other parent or legal guardian of the Student and the Student so that if the other parent or legal guardian or the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, I indemnify the Releasees from any Losses arising therefrom.
10. I confirm that I have had the opportunity to seek independent legal advice prior to signing this Consent.

Signature: (Parent/Guardian or Independent Student)

Print Name

Contact Telephone Number

Date

Schedule A IMPORTANT - Medical Information

| | |
|--|----------|
| Health Information: (Teacher will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.) Can be typed or handwritten - MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT | |
| Activity: Studio Bell | Date(s): |
| Student Name: | |
| Date of Birth (yy/mm/dd): | |

| | |
|-------------------|--|
| Drug Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: |
| Food Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: |
| Insect Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: |
| Other Allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: |

| | | |
|--|---|--|
| Is the student under any form of treatment for an illness, condition or injury? (including Asthma) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "yes", please elaborate. Include activities to be restricted or modified. |
|--|---|--|

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

| NAME OF MEDICATION | REASON (OPTIONAL) | DOSAGE | HOW OFTEN? | TIME OF DAY |
|--------------------|-------------------|--------|------------|-------------|
| | | | | |
| | | | | |

Medication storage requirements:

Are there any known side effects to above medication(s)? If "yes", please describe:

Does the student have any psychological or emotional problems? If "yes", please describe:

Are there any recent injuries to be concerned about? If "yes", please describe:

Medical Treatment Restrictions (if any) e.g. blood transfusions:

Dietary Restrictions (if any):

Additional Instructions/Information:

Emergency Contact 1:

Name: _____

Home: _____

Mobile: _____

Work: _____

Emergency Contact 2:

Name: _____

Home: _____

Mobile: _____

Work: _____

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. Unless indicated otherwise in the Student Health Plan, the CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/Independent Student shall notify the Teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

If the student is registered in a CBE High School, the requirement of teacher/staff supervision of self-medication by the student and of storing medication may be waived by the parent/legal guardian/Independent Student by marking in the box below with an "X":

I do not wish the CBE, its teachers/staff to store the student's medication or supervise the self-medication by the student.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken, unless indicated otherwise in the Student Health Plan. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the Teacher has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the Teacher immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student prior to or during the off-site activity or trip in which the student shall be a participant. I further agree to the following:

- a) in the event of a medical emergency involving the student, the Teacher or his/her designates and any applicable CBE personnel or the Service Provider service provider may seek immediate professional medical assistance and CBE may disclose the information concerning the medications and all other relevant personal information concerning the student to professional medical advisors or paramedics as reasonably required; and
- b) if the medications are missing or damaged during the course of the off-site activity or trip, I release the CBE and any off-site service provider and its and their respective personnel, trustees, directors, officers, employees, consultants, agents, volunteers and representatives from any claims, actions, losses, damages, liabilities and costs arising therefrom.

Date

Name (please print)

Signature (Parent/Legal Guardian/Independent Student)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at (403) 817-7404.

CAN: 20964904.3

Schedule B: Program/Activity Information

| | |
|----------------------|-----------------------|
| Teacher In Charge: | Farrish, Lacey |
| Service Provider(s): | National Music Centre |

Activities

| Activity | Location/Destination | Departure (dd/mm/yy) | Return (dd/mm/yy) |
|-------------|--|-------------------------|----------------------|
| Studio Bell | National Music Centre- Studio Bell 300-851 4 Street SE Calgary, AB T2G 1P2 | 24/10/19 | 24/10/19 |

Risks/Hazards

| Source | Risk |
|--------------------------|--|
| Eating | Allergies |
| Eating | Choking |
| Eating | Food Poisoning |
| Site | Fire & Evacuation |
| Site | Horseplay |
| Site | Slips, Trips, and falls |
| Site | Getting lost or separated from the group |
| Transportation - Vehicle | Mechanical failure |
| Transportation - Vehicle | Poor Driving Conditions |
| Transportation - Vehicle | Delay |
| Transportation - Vehicle | Accidents |
| Transportation - Vehicle | Weather Conditions |
| Other | Pre-existing medical conditions |

