

École Percy Pegler School
69 Okotoks Drive, Okotoks, AB T1S 2B1
Phone: 938-4449 FAX: 938-5458

Dear Parent/Guardian:

NOTIFICATION OF FIELD EXPERIENCE ACTIVITY
École Percy Pegler School
Okotoks, Alberta

DESTINATION: Sandy McNabb, Sheep River and Bluerock Wildland Provincial Park, Ann and Sandy Cross Nature Conservation Area & Okotoks River Valley

RATIONALE & OBJECTIVES: Outdoor Education, Health, Core programming

DATE OF TRIP: 2016-2017 School Year

ALL DAY TRIPS BEGIN AT: 8:50am

TO RETURN AT: 2:55pm

SUPERVISING TEACHERS:

Mr. Ryan Lemphers (lead), Ms. Elsinga, Mr. Ellis, Mme. Tatartcheff, Mme. Legault, Mrs. Cruise, Mme. Yetman, Mrs. Genge, Ms. Wiles, Mrs. Wiegler, Mlle. Thoms

NUMBER OF PARTICIPANTS: 20-30 Students

NUMBER OF SUPERVISORS (Including relevant training or qualifications): Each trip will have two teachers and minimum of two parent helpers.

COST: \$0

MODE OF TRANSPORTATION: School Bus

OTHER DETAILS:

Does your child have any medical or physical problems that might interfere with their participation in this fieldtrip activity?

In case of an emergency and we are unable to reach you, do we have your permission to take what we consider to be reasonable action? Yes No

If NO, what do you wish us to do? _____

Approval by École Percy Pegler School Administrator: _____

Date: _____

**FOOTHILLS SCHOOL DIVISION #38
INFORMED CONSENT/PERMISSION FORM FOR EDUCATION FIELD TRIPS**

Ecole Percy Pegler School is arranging a fieldtrip to: Sandy McNabb and Sheep River Provincial Park, Bluerock Wildland Provincial Park, Ann and Sandy Cross Nature Conservation Area & Okotoks River Valley

Transportation will be via bus or walking from school.

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF EVERY STUDENT WHO CHOOSES TO PARTICIPATE. THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BY: MONDAY, SEPTEMBER 22, 2016.

ACTIVITES WILL INCLUDE: on and off trail hiking, snowshoeing, shelter building (gr. 4), fire lighting (gr. 5) and knife use and fire lighting (gr. 6)

ELEMENTS OF RISKS STUDENT MAY BE EXPOSED TO:

Mountainous and steep Terrain: Steep slopes, tree stumps, creeks, icy slippery or uneven terrain, rock and boulders or obstacles and hazards, which may be hidden or covered

Remoteness: trip location will happen in remote areas, which may delay medical help

Weather: Serve or varied exposures to cold, wet or windy weather, hail lightning, snow, sleet, reduced visibility or the effects of strong sunlight

Other outdoor risks: Tree fall, hypothermia, dehydration, wood ticks, failure or equipment

Outdoor Survival Skills: campfires, supervise knife use

Transportation: Bus or vehicle accidents

Outdoor educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury or risks, which may result from participating in outdoor education.

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|---|------------------------------|
| 1. Broken limbs, sprains, strains, cuts, bruises, burns | 2. Insect bites |
| 3. Bus accident | 4. Frostbite, sunburn, burns |

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in the above referenced activity, you must understand that you bear the responsibility for any injury that may occur. Foothills School Division #38 has basic student accident insurance coverage in place as described more fully in the materials that were sent home at the commencement of the school year.

ACKNOWLEDGEMENT:

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Parent/Guardian: _____ Date: _____

Contact number: _____ AB Health Number: _____

PERMISSION:

I give _____ permission to participate in outdoor education in the 2016-2017 school year.

Signature of Parent/Guardian: _____ Date: _____