



Calgary Board
of Education
est



Rideau Park School

829 Rideau Road SW, Calgary, AB T2S 0S2 t | 403-777-7480 f | 403-777-7489 rideaupark@cbe.ab.ca

November 12, 2018

Dear Parents and Guardians,

On Wednesday, November 21, Grade 3 and 4 students will visit the Glenbow Museum. Both classes will have an opportunity to explore museum artifacts and take a guided tour with a curator.

Grade 3 students will explore artifacts from Africa, India, Ukraine and Peru. Grade 4 students will participate in a program called 'Resourceful People' which will focus upon Alberta's natural resources.

The **cost for this field trip is \$17.00** and will cover program fees and bussing. Please ensure fees are paid and documentation is completed and returned to classroom teachers by **Monday, November 19, 2018**. Payments can be made through 'My CBE Account' at www.cbe.ab.ca. Please inform the school if you are unable to pay and we will make arrangements to assist you.

We will leave Rideau Park School at 9:30 am and return around 3:00 pm. Southland transportation will provide bussing services both there and back. We will be spending the entire day at the museum, so students will need to bring a lunch that doesn't require reheating and has minimal garbage.

We will also require classroom volunteers from each grade to enhance our learning experiences, so if you are able to join us please let your classroom representative or child's teacher know. Parent volunteers must have a current police clearance on file at the school.

Sincerely,

Mrs. Rucker and Ms. Hamel

learning | as unique | as every student



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: *Rideau Park 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

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: Museum Exploration	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: _____

Schedule B: Program/Activity Information

Teacher In Charge:	Rocker, Kathryn M
Service Provider(s):	

Activities

Activity	Location/Destination	Departure (dd/mm/yy)	Return (dd/mm/yy)
Museum Exploration	130 9 Ave SE, Calgary, AB T2G 0P3	21/11/18	21/11/18

Risks/Hazards

Source	Risk
Eating	Allergies
Eating	Choking
Entire trip	Slips, trips and falls
Entire trip	Getting lost or separated from the group
Entire trip	Weather conditions
Entire trip	Possibility of a student being filmed or photographed
Transportation - Vehicle	Accidents