Dear Parents,

On Wednesday, June 13th, our Grade Four classes will be going to the Baxter Conservation Area to investigate and explore aspects of a pond habitat. This subject is covered in our Science curriculum and will relate directly to the expectations using a variety of hands-on activities.

This is an all day event, so lunch and waterbottle will be required for your child. If the forecast calls for rain, we ask that you ensure that your child brings a raincoat. Rain boots are recommended regardless of rain, due to mud, and should be brought in a bag and clearly identified. Since we are outside all day in a swampy area, bug spray, a hat and some sunscreen lotion are recommended.

We need about **12-15 volunteers**. Volunteers must have a current Police Record Check before the date of the trip. There is no entrance fee for the parent volunteers.

Parents wishing to volunteer can meet our class at the Baxter Conservation Area by 10:00 am. We regret that there is no space on the bus. The bus leaves the school at approximately 9:15 am and will return from the Baxter Conservation Area at approximately 2:30 p.m. In the past, groups of parent volunteers have organized a carpool and followed the bus directly to the site.

The cost for this event will be $10 per student. We would like to thank our Parent Council for covering the cost of our Luv 2 Groove and Scientist in Schools events already this year! **Payment for the trip can be done through School Cash On-line. Deadline to pay is Thursday, May 31st.**

Please complete the Parent/Guardian permission form, attached, and return it to school before **Monday, May 28th**. Please note that **BOTH** sides of the form require signature (even if the second side is left blank).Do not hesitate to contact your child's teacher if you have any questions.

Sincerely,
The Grade 4 Team

Volunteering - Yes, I am interested in volunteering for the Baxter Conservation trip on June 13th and chaperoning a small group. I have my current police record check.

Name: _____ Contact number: _____

OTTAWA CATHOLIC SCHOOL BOARD

Parent/Guardian Permission Form/
Student Medications, Health Precautions and Accommodation Information Form

Student Name

Excursion Destination BAXTER CONSERVATION AREA.

Date of Excursion JUNE 13, 2018.

Educational activity programs such as this excursion involve certain elements of risk. Injuries or health issues may arise while participating in these activities. Some common examples are slips and falls, insect bites and infections common to the local environment. The risk of sustaining these injuries results from the nature of the activities without any fault of either the student or the School Board, its employees/agents or the facility where the activities take place. By choosing to give your consent for your son/daughter to participate in this trip/excursion, you are accepting the risk that your son/daughter may be susceptible to physical or health injuries while taking part in school organized excursions.
The Board does not provide accidental injury or disability insurance or medical and dental insurance on behalf of students participating in this activity. For insurance coverage, parents may wish to consider student accident insurance (www.insuremykids.com) made available each fall and throughout the year to parents on the aforementioned website. Parents must purchase additional out-of-country medical insurance for each participant in all excursions outside of Canada.

Parent/Guardian Name(s)

Home# Cell # E-mail

Emergency Contact Name Home # Cell #

Does your son/daughter have any special health concerns or accommodation needs, please choose one of the following:

1. There are no medical concerns for my child ☐ *(Sign below)*

2. There are medical concerns for my child ☐ *(If you check this box please complete page 2)*

☐ Additional medical insurance has been purchased (excursions outside Canada only)

I/We the parents of: _____
acknowledge that should it become necessary for the student to receive medical care I/we give my/our permission to provide emergency care and further agree to hold harmless the Ottawa Catholic School Board, employees, volunteers and supervisors for any and all actions in emergency situations.
I/we have read the Excursion letter and understand that in participating in the activity above, I/we are assuming the risks associated with doing so, and give my/our consent for:

Student's name

to participate in this excursion as described above. I agree to provide him/her with the equipment and requirements for this excursion.

Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Date

OTTAWA CATHOLIC SCHOOL BOARD

Parent/Guardian Permission Form/
Student Medications, Health Precautions and Accommodation Information Form

Any additional health information or requests for accommodation not included on this form are the responsibility of the parent(s)/guardian(s) to provide prior to the day of departure.

I/We acknowledge that my/our son/daughter has been medically diagnosed and treated for life-threatening health conditions or health issues that require medications for control of:

Diabetes ☐ Allergies ☐ Asthma ☐ Other ☐

Please provide details

I/We have provided my son/daughter with the following prescription medications included on the Board's "Request for Medication" form provided to the school administration:

Insulin ☐ EpiPen ☐

Other medications (Please provide details)

Please indicate where these medications will be carried or kept during the trip/excursion

Please provide any additional health information or requests for accommodation below.

By signing this consent form, I agree that I have disclosed medical concerns and I am responsible to provide any and all prescribed medications for the duration of the trip/excursion and any and all prescription devices required and necessary to protect the health and wellbeing of my son/daughter.

Parent(s)/Guardian(s) name:

Parent(s)/Guardian(s) Signature:

Date