

VANCOUVER TECHNICAL SECONDARY

2600 EAST BROADWAY
Vancouver, BC V5M 1Y5
604-713-8215

Teachers: **A. KILBURN & E. RIEGERT**

To the Parent(s)/Guardian(s) of: _____ Grade/Homeroom: _____

The purpose of this form is to inform you about a proposed field studies involving your child, and to seek your support and permission for your child to participate. Field studies are part of the school program and they provide students with valuable learning experiences. However, should you not wish your child to participate in this activity, school staff will assign the student other learning activities at the school.

This is an important document. Please review the contents of this Consent and Acknowledgement of Risk form carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

Please return this form to Ms. Kilburn or Ms. Riegert by **Friday March 13**. If this form is not signed and returned to the school by **Friday April 10, 2020**, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **Senior Music Tour to Banff, Alberta** DATE(S): **April 19-24, 2020**
SERIES OF ACTIVITIES TO BE UNDERTAKEN (Specify program): **Tour includes attending and giving performances, and participating in workshops, all of which are educational in nature.**
PURPOSE OR EDUCATIONAL GOAL(S): **Increased musicianship, leadership, performance, music literacy skills and community building**
METHOD OF TRANSPORTATION: **Chartered Coach**, Tour Company: **Affinity**
EDUCATORS-in-CHARGE: **Ms. Amanda Kilburn & Ms. Elizabeth Riegert**
TRIP SUPERVISORS PLANNED: **N. Van Iersel, S. Feng, T. Wu, M. Reid, C. De Felipe, S. Kauldher**
COST TO THE STUDENT: **\$650** WHAT TO BRING: **Packing list will be handed out to students**
OTHER CONSIDERATIONS: **students must attend a full rehearsal schedule leading up to our Tour in order to guarantee participation on Tour and to ensure all are musically prepared**
BEHAVIOUR EXPECTATIONS: **Students and parents must sign and return the CODE of CONDUCT**

SCHOOL RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

A safety plan is in place for regular check-ins with chaperones throughout the day, and the requirement is for students to always be in groups of 3 or more during unstructured time in Banff, and on our sight-seeing day in the city of Calgary. Students must carry on them at all times the emergency contact numbers in their lanyards. In the event of an emergency or injury, an injured student will receive first aid from a trained first aid responder, and/or be taken to the clinic or hospital as required. Student Medical Forms will be accessible at all times by the educators in charge. Should you need to reach us, the contact number is 604-868-7868 and should be used for **emergency** purposes only. Otherwise, email akilburn@vsb.bc.ca.

Please see attached itinerary for details about the activities your child will engage in each day of the trip. Please note that while on this trip, students will be supervised by the Teacher Chaperones. Each night, chaperones will circulate for room checks to determine that your child is safely accounted for in their own room of 8, after which time your child must stay in their room for the duration of the night for health and safety reasons, unless there is an emergency. Any child who does not abide by this rule is breaking the code of conduct and therefore will call home to inform their parent(s) of this breach and further consequences will be determined on a case-by-case basis. Please read and review carefully with your child the code of conduct around drugs, vaping, and alcohol policies as well as property damage.

Department Head _____ Activities Board _____
PLEASE SEE REVERSE FOR PARENT CONSENT PORTION

CONSENT AND ACKNOWLEDGEMENT OF RISK

VANCOUVER TECHNICAL SECONDARY SCHOOL

DESTINATION/ACTIVITY: *Senior Music Tour to Banff, Alberta .*

DATE(S): *April 19-24, 2020*

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, _____ (Name of Parent/Guardian) give permission for (Name of student) _____ to participate in the field study described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

Date: _____ Name (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening _____

Comments (please include any restrictions or limitations which would prevent your child from fully participating in this trip, or any other special concerns which Board staff should be aware of surrounding your child.

NOTE:

Efforts to minimize costs have been made to support student participation. In accordance with Board policy *JN Students Fees, Fines and Hardship* no student shall be denied an opportunity to participate in an activity because of an inability to pay fees. Please contact the teacher or Principal if you have questions or concerns regarding the amounts listed above.

TO: SUBJECT TEACHERS:

This student will be absent from your class on April 19-24 in order to

participate in Senior Music Tour to Banff, Alberta
(Activity)

A. Kilburn , E. Riegert
(Sponsors)

Your initial opposite the appropriate block below indicates your awareness of the absence and that the student knows of the work that will be missed for which he/she is responsible.

BLOCK	COURSE	INITIAL		BLOCK	COURSE	INITIAL
1.1				2.1		
1.2				2.2		
1.3				2.3		
1.4				2.4		

Off-timetable

Off-timetable

VANCOUVER TECHNICAL SECONDARY

Medical Information For Field Studies

The collection and retention of information requested on this form is authorized and governed by the British Columbia *School Act* and the *Freedom of Information and Protection of Privacy Act*.

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant. (Please print carefully and legibly)

Student Name: _____ Birth Date: _____

Grade/Program: _____ Teachers: Ms. Amanda Kilburn, Ms. Elizabeth Riegert

Address: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Inhaler? Yes No Medical Alert Bracelet? Yes No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns/restrictions:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: _____

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) _____ Signature _____

This form must be thoroughly completed as it is considered an important legal document.