

Parent/Guardian Field Studies Consent Form

VSB DISTRICT HONOUR BAND

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



Teacher: Elizabeth Riegert (VanTech)

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.

If this form is not signed and returned to the school by Nov. 29 2023, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: VSB District Honour Band (Held at VanTech Secondary) DATE(S): Jan. 11/16/25/30, Feb 8/13/20/22, 2024

SERIES OF ACTIVITIES TO BE UNDERTAKEN (Specify program): Rehearsals, Photos, Performances.

PURPOSE OR EDUCATIONAL GOAL(S): Increased musicianship and ensemble skills.

ITINERARY/ACTIVITIES: See attached guardian/parent letter.

METHOD OF TRANSPORTATION: Students responsible for transportation. BY: Personal.

EDUCATOR-in-CHARGE: Elizabeth Riegert

TRIP SUPERVISORS PLANNED: Elizabeth Riegert

COST TO THE STUDENT: \$55 WHAT TO BRING: Instrument & supplies, pencil, music. Concert Blacks for concerts.

OTHER CONSIDERATIONS:

BEHAVIOUR EXPECTATIONS: All students must adhere to the VSB Student Code of Conduct.

SCHOOL RESPONSIBILITIES

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

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
b. The students are adequately supervised over all aspects of the program/activity.
c. The location(s) used are appropriate and safe for the activity(ies) and group.
d. A Safety Plan is in place to identify and manage known potential risks.
e. 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

The purpose of this section is to detail and reinforce with parents all potential known risks of participation in the field study to ensure parents/guardians are providing informed consent. Safety issues and precautions which have been discussed with students should also be referred to. Students are expected to wear helmets for cycling, roller blading, downhill skiing, snowboarding, skating, rock climbing, and white-water activities. Students are expected to wear a properly fitted Personal Flotation Device in or around the water when participating in water-based activities other than swimming.

Additional Comments/Requirements: Concert blacks include: -Black dress shoes and black socks or tights. No open toes. -Black dress pants with a black dress shirt OR a black skirt with a black dress shirt or blouse OR a black dress. Skirts or dresses must be worn with opaque black tights OR leggings under the dress and skirts must be at least knee length.

PLEASE SEE REVERSE FOR PARENT CONSENT PORTION

Administration Approval: [Signature]
Date: 9/18/23

CONSENT AND ACKNOWLEDGEMENT OF RISK

VSB DISTRICT HONOUR BAND

Destination/Activity/Program: VSB District Honour Band Dates: Jan 11/16/25/30, Feb 8/13/20/22, 2024

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.

Medical/ Emergency Consent Form

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: _____ Teacher: _____

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 _____