



155 11 Street SW
 Medicine Hat, Alberta
 T1A 4S2
 (403) 527 7616
 (403) 527 7212 (fax)



April 2024

Dear Parents/Guardians:

On Tuesday, June 18, all grade 7 students will be travelling to Elkwater. It is a chance for this group to have some fun and celebrate the fact that the school year is almost over! The plan is as follows:

	Mr. Moll	Mrs. Lukacs	Mrs. Sheppard	Mr. Albers
9:00	Depart St. Mary's			
10:00 - 11:00	Learn to Fish	Chaplain BJ	Geocaching	Hike - Old Baldy
11:15 - 12:15	Chaplain BJ	Learn to Fish	Hike - Old Baldy	Geocaching
12:15 - 1:15	Lunch - Weiner Roast			
1:30 - 2:30	Geocaching	Hike - Old Baldy	Learn to Fish	Chaplain BJ
2:45 - 3:45	Hike - Old Baldy	Geocaching	Chaplain BJ	Learn to Fish
4:00	Depart Elkwater			
5:00 - 5:15	Arrive Back at St. Mary's			

There is a cost associated with this day - \$25. Please use School Cash Online or send cash/cheque with your child. This helps pay for the guided activities, transportation, and food for the weenie roast. **If the cost is going to prevent your teen from attending, please let us know. We don't want the cost of the day to prevent anyone from participating.**

If you are interested in attending, you are more than welcome. However, you need to ensure that you have a **Police Information Check** and **Children Services Intervention Record Check** completed and on file with the school. If you don't or aren't sure, please call the office for further instructions.

What to Bring:

- Backpack
- Water Bottle
- Warm Clothes
- Sunscreen
- Hat
- Insect Repellent

If your child requires a special diet, please send lunch with them.

Please sign and return the attached permission slip and money before the Victoria Day weekend.

Sincerely,

Curt Moll
7M Homeroom

Kris Albers
7A Homeroom

Callie Sheppard
7S Homeroom

Kayla Lukacs
7L Homeroom

PARENT/GUARDIAN CONSENT
Off-Site Activity - Provincial outside of City within Alberta
(INCLUDES: Day or Overnight)

Dear PARENT(s) or GUARDIAN(s) of: Grade 7 RM # _____

Please read this form carefully. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. This CONSENT form must be signed and returned to the school by: 17 June 2024 for your child to be permitted to participate in activity.

PROGRAM ACTIVITY INFORMATION - Additional Itinerary and Field Trip details will be provided (if required)

SCHOOL NAME: St. Mary's School Destination: Elkwater Education Centre

Departure Date & Time: 18 Jun '24 0900 Return Date and Time: 18 Jun '24 1700

Purpose or Education Goal(s): Physical Education in an Alternative Environment

Itinerary/Activities: Geocaching, Fishing, Hiking

Method of Transportation: Charter Bus By: _____

Lead Teacher Name & Contact Info: Curt Moll Total # of Supervisors 12

Supervisory Arrangements: On site at all times. 10:1 ratio

Cost to the Student: 25 What to Bring: Appropriate clothing, sunscreen, bugspray, hat, water bottle

SCHOOL RESPONSIBILITIES - The School will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. Every effort is made to identify and manage known potential risks.
6. Emergency Procedures are in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS:

Vehicular accident, negative encounters with wildlife, falling in the lake, fish hook impalement, burns from open fire, injuries common to hiking, sunburn

CONSENT AND ACKNOWLEDGEMENT OF RISK (signature denotes consent)

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed they 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.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
7. 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.

MEDICAL INFORMATION

Allergies:

Carries EPI-PEN: Yes No

Carries ANA-KIT: Yes No

Health/Medical/Physical Issues:

Medications:

Other:

Name of Student: _____ Date of Birth: _____ has my permission to participate.

AB Healthcare #: _____ Parent/Guardian/Emergency Contact Name: _____

Phone # _____ Alternate Phone # _____ Today's Date _____

Parent Signature _____ Parent Name (Print) _____

DISCLAIMER - PARTICIPATION IN THIS EVENT IS DEPENDENT ON ACCEPTABLE HEALTH AND SAFETY CONDITIONS IN THE COUNTRY AT THE TIME OF THE EVENT. IF PARTICIPATION IS CANCELLED DUE TO UNFORESEEN CIRCUMSTANCES, MEDICINE HAT CATHOLIC BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR THE EXPENSES INCURRED IN PREPARATION FOR THIS EVENT.