

KEEP

IS-04-F-1

**FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT**

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: Bluevale Collegiate Institute

Principal: Deb Tyrrell School Phone: 519-885-4620

Grade/Class/Course: 9-12 Teacher(s): Lacoste, Sword, Kemperman

Destination: Camp Crossroads - Torrance ON

Learning Expectations for the Trip: Improve ensemble skills through rehearsal, workshops, and performance.

Departure Date: Thursday May 31 2018 Time: 11:30 am

Return Date: Sunday June 03 2018 Time: 3:00 pm

Type of Transportation: School Bus Cost of Excursion: \$225.00

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable)

Specific Activities of the Excursion: - large group rehearsal, small ensemble rehearsal, team building and musical activities

This is Identified as a Higher Risk Activity:  Yes  No

High Risk Activities are:

- Canoeing
- Camping
- Sailing
- Cycling
- Swimming
- Rock Climbing
- Nordic Skiing
- Alpine Skiing
- Snowboarding
- Other \_\_\_\_\_

Special Information (e.g., clothing, materials, lunch): - bring \$\$ or a lunch for Thu; see website for packing suggestions; NOTE: a swim test is req'd for anyone wishing to swim

Teacher in Charge: Mr. M. Lacoste

Volunteers Needed  Yes  No

If Yes  For Supervision on the Excursion.

For Driving.

*cash or school day (no cheques)*

*date TBD (after school in May - check email & website for further info)*

KEEP



## BLUEVALE COLLEGIATE INSTITUTE CAMP CROSSROADS MUSIC RETREAT CODE OF CONDUCT



### CONDUCT

We represent Bluevale Collegiate and should conduct ourselves as suitable ambassadors for our school at all times. All students are responsible to the principal for their conduct at any school event. This includes the use of appropriate language, dress, and behaviour in order to demonstrate respect for self, others, and property.

### ACADEMICS

Participants are expected to be conscientious students and good citizens of the school. It is YOUR responsibility to ensure you complete ALL school work missed due to extracurricular activities.

### TRANSPORTATION

Strict adherence to rules while in vehicles is expected. Students must be transported in vehicles arranged by the school, unless otherwise approved.

### VALUABLES

Participants are responsible for the safekeeping of their own valuables during trips.

### DRUGS & ALCOHOL

Consumption of drugs or alcohol is forbidden at any time, on any school premises, or at any school. Alcohol or drug consumption at any school-sponsored event or activity is strictly forbidden and will result in suspension.

### ACCOMMODATIONS

Students on the Camp Crossroads Music Retreat will be housed in gender-specific cabins; at no time should a member of the opposite gender be in another group's cabin (ie. no females in a male cabin, and vice versa). As well, no students are to be in another group's cabin after lights out. At lights out, cabins are to turn off all lights, and students are expected to respect their cabin-mates' need for sleep at that time. Students are not permitted to leave their cabin after lights out, except in the case of an emergency (at which point, they should seek out a teacher supervisor).

### CANCELLATION

In the event of a student cancellation, reimbursement will only occur if a replacement can be found to fill that student's spot on the trip.

Return



# FIELD TRIP CONSENT FORM

Name of School: Bluevale Collegiate Institute

Name of Activity: Camp Crossroads Music Retreat

Date of Activity: Thu May 31 - Sun Jun 03, 2018

This form must be read in its entirety and signed by a parent/guardian of a participating student or the participating student if the student is age 18 and over.

### ELEMENTS OF RISK

Educational activity programs such as the one named above involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

### MEDICATION

If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form Administration of Medication (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (\*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.)

If you choose to participate, you must understand that you bear the responsibility for any accident that might occur.

The Waterloo Region District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

Please be advised that buses and other forms of public transportation may use video surveillance equipment. Parents and students should be aware that those attending this venue may take photographs or videos, which is beyond the control of the school or the Waterloo Region District School Board.

**NOTE:** If volunteers are required, please check if you are able to assist.

\_\_\_\_\_ I can supervise on the excursion.                      \_\_\_\_\_ I can drive \_\_\_\_\_ students.  
number

If volunteer drivers are used, I give permission for my son/daughter to travel with a responsible volunteer driver. \_\_\_\_ (please check)

**I have read and understand the information on the Field Trip/Excursion Information for Parent Form (IS-04-F-1).**

Student Name: \_\_\_\_\_

\_\_\_\_\_  
Student Signature (if student age 18 and over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student under age 18)

\_\_\_\_\_  
Date

Document Management:  
Home School

Retention:  
Non OSR School File – Current Year

Authorization for the collection of this information is the Education Act R.S.O., 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.



Return

# OFF-CAMPUS MEDICAL INFORMATION AND CONSENT

(For Category II or III Trips)

## PERMISSION

I hereby grant permission for my son/daughter \_\_\_\_\_  
to participate in the off-campus trip to (City/Town/Province/State) Camp Crossroads, Torrance, Ontario

leaving the school on (date) Thu May 31, 2018

and returning to the school on (date) Sun Jun 03, 2018

## PERSONAL INFORMATION

Parent/Guardian \_\_\_\_\_

Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Business Name and \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

## MEDICAL INFORMATION

Medical Problems (Allergies, etc.) \_\_\_\_\_

Medication (Directions for use, storage, etc.) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*For out of province off-campus, additional health coverage (insurance) is required.

Provider Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Procedure in case of emergency \_\_\_\_\_

## COMMITMENT

In consideration of \_\_\_\_\_ being permitted to participate on this  
(Student's Name)

trip, I hereby agree to accept and pay all costs including transportation and other expenses incurred for the return of my child from the site of the off-campus trip stated in (Permission) for medical reasons or inappropriate behaviour.

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

Document Management:  
Home School

Retention:  
Non OSR School File -- Current Year