



ELIZABETH SUTHERLAND SCHOOL
66 Rockingstone Road, Halifax, NS, B3R 2C9
www.elizabethsutherland.ednet.ns.ca
phone 479-4427
fax 479-4430

Sara Walker, Principal

Craig Nelson, Vice Principal

Parents/Guardians,

We are preparing for our trip to the Tim Horton's Camp in Tatamagouche for this school year. This is an amazing opportunity for our Grade 7 & 8 students. The camp is offered at no charge to the students and is one of our most exciting school events. The students will be participating in group building, leadership and outdoor education. We are extremely excited to offer this three day opportunity to our students.

Our camp dates this year are **September 24th -September 27th, 2017**. This will offer our students a chance to strengthen their teams early in the school year and will also allow them to plan and implement a community service project.

Attached are the necessary forms for students to attend camp. Thank you for taking the time to fill all of them out. This information helps us understand food restrictions/medical needs as well as to plan groupings. To help parents and students prepare for camp, there will be an **information session on Wednesday, September 12th** in our library at 6PM. All parents and guardians are invited to attend.

All forms are due back to homeroom teachers **as soon as possible** so we can pass the necessary information on to the camp. If you have any questions about camp please contact me, Matthew Murphy (matthew.murphy@hrce.ca).

Looking forward to seeing you at the meeting!

Matthew Murphy
Teacher
Elizabeth Sutherland School

PACKING LIST

FALL/WINTER – VISIT # 1

- Warm coat, hat/ toque, 1-2 pairs of mittens/gloves, snowpants or windpants, scarf, and boots
- 2-3 short sleeved shirts
- 1-2 long sleeved shirts
- 1-2 warm sweaters or sweatshirts
- 2-3 pair of long pants
- 3 pair of underwear
- 3-5 pairs of socks
- 1 pair of pajamas
- 1 pair of indoor shoes or slippers
- 2 towels and 1 facecloth
- Toiletries: deodorant, toothbrush, toothpaste, soap, shampoo, hair brush
- Optional: long underwear, second pair of outdoor footwear, disposable camera, musical instrument, sunglasses, writing materials, water bottle, sunscreen, flashlight with batteries

SPRING – VISIT # 2

- 2-3 short sleeved shirts
- 1 warm sweater or sweatshirt
- 2 pairs of shorts
- 1-2 pair of long pants
- 3 pair of underwear
- 3 pairs of socks
- 1 pair of pajamas
- 1 hat (sun protection)
- 1 lightweight jacket (preferably waterproof)
- 1 extra pair of outdoor shoes
- 1 pair of indoor shoes or slippers
- 2 towels and 1 facecloth
- Toiletries: deodorant, toothbrush, toothpaste, soap, shampoo, face cloth(s) hair brush
- Optional: disposable camera, musical instrument, sunglasses, writing materials, water bottle, sunscreen, flashlight with batteries, bug repellent.

ITEMS TO LEAVE AT HOME

- Sleeping bag and pillow
- Any valuables such as electronics, jewellery or money.
- Candy or snacks. All food will be provided.

Parental/Legal Guardian Consent Form for School Trip



Name of School: Elizabeth Sutherland

ATTENTION: This is a legal document. Please read carefully the contents of this consent form and clarify any concerns with the staff at the school organizing the event or the School Principal before signing each page.

It is important that this form is completed in its entirety, signed, and returned in order for your child to participate in this activity.

PRIVACY NOTICE: Elizabeth Sutherland School is collecting the personal information requested in this form to: obtain lawful consent for your child to participate in the activity; coordinate the activity; respond and report respecting any injury or medical condition that may arise during, or as a result of the activity; and update School records where necessary.

The information will only be accessed by authorized School staff and will be dealt with in accordance with the privacy requirements of the Nova Scotia Freedom of Information and Protection of Privacy Act.

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorized or required by law, or you have given the School permission for the information to be disclosed.

IN CONSIDERATION of (Elizabeth Sutherland School) offering my child, _____ an opportunity to participate in the activity described below on Sept 24-27, 2018, I hereby give and provide my consent, and acknowledge by my signature that my child may participate.

1. ACTIVITY DESCRIPTION:

Students will travel Tim Horton's Camp in Tatamagouche for a three day trip, on buses provided by the Tim Horton's Foundation. Students will be participating in group building, leadership, and outdoor activities. Students should pack active wear and weather appropriate clothing for this trip.

2. ACTIVITY RISKS:

Potential risks:

• We will be engaging in various outdoor activities. Students will be monitored by trained staff at the camp, but students should take caution as there are inherent risk of injuries such as tripping and falling with these activities.

I am aware of the usual risks and danger involved in participation in this activity, including any specified above and of the possibility of personal injury, fatal injury, property damage or loss that may result.

3. SUPERVISION: *[Describe what levels of supervision will/will not be provided.]*

There will be eleven (11) chaperones to provide a 1:10 chaperone to student ratio. As well, there will be trained Tim Horton's camp staff on hand for any activities.

I have read and understood this page. Legal Guardian: _____

4. HEALTH AND MEDICAL TREATMENT:

- My child does not have any illness, allergy, or disability that prevents his or her participation in this event
 My child has an illness, allergy, or disability that could affect his or her participation in this event.

List illness, allergy, or disability: _____

5. EQUIPMENT AND CLOTHING:

I will supply appropriate equipment and clothing for my child's participation in this activity as identified.

I acknowledge that it is the responsibility of me and my child to ensure that all necessary equipment and clothing is brought by my child to the event and acknowledge that my child may be prevented from participation if s/he does not have all necessary equipment and clothing.

6. CODE OF CONDUCT & ACTIVITY SITE RULES AND REGULATIONS:

My child and I understand that the School Code of Conduct applies during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to abide by these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

7. RISK OF ACCIDENT:

Accidents can result from the nature of this activity and can occur with or without any fault on either the part of the student, school board or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I accept the risk of an accident and agree that this activity, as described above, is suitable for my child.

8. NON-PARTICIPATION IN THIS EVENT:

I understand that if I am not comfortable with my child participating in this activity that arrangements will be made for my child to remain at the School during School hours and my child will not be penalized for non-participation.

9. CONTACT INFORMATION:

Should the School need to contact me during this event:

- Contact Number Valid for the Time of the Activity: _____
 Alternative Contact Information: _____

10. CONSENT

In signing this Consent, I am not relying on any oral or written representation or statement(s) made by the School Board, its servants, agents, employees, or authorized volunteers to induce me to allow my child's participation in this activity other than those contained in this Consent.

I acknowledge the Privacy Notice, above.

I am 19 years of age or older and I have carefully read the contents of this Consent Form and have clarified any concerns with the staff at the School organizing the event or the School Principal before signing each page. I understand that it is a legal document that is binding on me, my heirs, executors and administrators.

Name of Legal Guardian

Signature of Legal Guardian

Date

I have read and understood this page. Legal Guardian: _____

**Appendix B
Form A
Administration of Prescribed Medication to Students
To Be Completed By Parent/Guardian**

Student Information

Name of Student: _____
Home Address: _____
School: _____
Grade: _____
Classroom/Homeroom Teacher _____

Emergency Contacts

Name: _____
Phone Number(s): _____
Name: _____
Phone Number(s): _____
Name: _____
Phone Number(s): _____

I hereby request, authorize and empower the Halifax Regional School Board to administer medication as described herein to the student named above. I release any staff member and the Halifax Regional School Board from any legal liability that may result from the administration of such medication. I also agree to indemnify the Halifax Regional School Board against claims at any time made by the student name or by MSI arising out of the administration of medication described herein. I also understand that no more than two weeks dosage of the medication(s) is to be in the school at any time and that I am responsible for completing this form in the event that the prescribed medication, amount or frequency of dosage, handling or storage requirements change.

I acknowledge and understand that as a parent or guardian I am responsible to ensure there is medication in sufficient amount and dosage to meet the needs of the student every day the student is in school and requires the medication to be administered. I also understand and agree that if there is insufficient medication at the school I will be contacted to make arrangements to transport new medication to the school, or to make alternate arrangements for the care of the student for the remainder of the school day. I hereby release any staff member in the Halifax Regional School Board from any legal liability that may result from insufficient amounts of medication being available at the school for administration to the student."

If my child is bussed to school, I also understand that I must provide a current photo of him/her for the purpose of providing all information contained herein to the transportation provider.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

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To Be Completed By Parent/Guardian

Form A

Name of Student _____

Name of medical condition(s) requiring medication to be given during school hours: _____

Note: Where possible parent(s)/guardian(s) are asked to establish a schedule for the administration of medication outside of the school day.

	Medication #1	Medication #2	Medication #3
Name of medication			
Brief Description of Medication Ex: Heart Medication			
High Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required intervention	<input type="checkbox"/> Administer by staff <input type="checkbox"/> Self administer with staff monitoring	<input type="checkbox"/> Administer by staff <input type="checkbox"/> Self administer with staff monitoring	<input type="checkbox"/> Administer by staff <input type="checkbox"/> Self administer with staff monitoring
Dose of Medication mg/ml/# tabs/amount			
Frequency			

Time(s) medication to be given during school hours			
Possible side effect(s) of medication			
Course of action in response to side effect(s)			
Route			
Special Handling of Medication			
Extra Comments			
Storage Requirements for medication			
Duration of treatment (start-finish dates)			
Date when medication first prescribed			

Symptoms of overdose and suggested course of action			
State course of action in the event a dose is missed			
For feeding tube medications only	Before med: _____ ml After med: _____ ml	Before med: _____ ml After med: _____ ml	Before med: _____ ml After med: _____ ml
The amount of water to be flushed through the feeding tube			

Parent/Guardian Signature

Date

**INFORMED CONSENT/PERMISSION FORM FOR
TIM HORTON CHILDREN'S FOUNDATION SCHOOL EXCURSIONS
(Students Under the age of Majority)
For use ONLY in the Province of Nova Scotia**

The Elisabeth Sutherland School is arranging a trip to Tim Horton Children's Camp on September 24th – 27th, 2018.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

The activities involved in the **Visit** may include, but are not necessarily limited to:

Low-energy activities such as: nature exploration; campfires; gardening; drama programs; pottery; arts & crafts; indoor games; classroom and computer activities

High-energy activities such as: fitness activities; hiking; indoor and outdoor sports; open recreation periods; field sports; mountain biking, ice skating, tobogganing, kick sledding, snowshoeing and special camp-wide games and events

Climbing activities involving heights such as: rock climbing; climbing towers; use of high and low ropes challenge courses; indoor wall-climbing and zip lines

Water activities such as swimming in oceans, lakes and pools; boating; canoeing, kayaking and sea-kayaking; sailing; tubing; knee-boarding; paddle boating; fishing and white water rafting

Target activities such as archery

Camping activities such as overnight outdoor camping trips; portaging and outdoor living skills

Farming and ranch activities such as horseback riding; caring for and feeding of farm animals

ELEMENTS OF RISK:

Educational activity programs offered by Tim Horton Children's Foundation, Inc. involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in the activities that this facility offers.

The Attendee's participation in the **Visit** and associated **transportation**, including each of the activities listed above and offered during the **Visit** involves a **risk of injury or death** and/or **damage to or loss of property**. Individuals taking part in the **Visit** and/or their parents/guardians must assume these **RISKS**. All of the **RISKS** cannot be listed on this Form, but may include:

Participating in the **Visit** and associated **transportation** may lead to **minor or serious bodily injury** to the head, neck, back, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal and/or

neurological system; **injury to internal organs**; and **injury or impairment to other aspects of the body, general health, and well-being**. Participating in the **Visit** may also lead to an impairment of the Attendee's future ability to study, work and earn a living; to engage in other business, social, personal, intimate and recreational activities; and generally to enjoy life.

Participating in the **Visit** and associated **transportation** may lead to Other Risks. Other Risks may include those associated with **limited availability of immediate medical assistance; and the possible conduct of other participants, whether or not it is negligent or reckless; and the contraction of a contagious illness or communicable disease**.

Participating in the **Visit** may lead to additional **risks not described above**.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the Tim Horton Children's Foundation, Inc., its employees, agents, officers or directors of the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

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

If you choose to participate in a trip to Tim Horton Children's Camp on Sept 24 - 27 you must understand that you bear responsibility for any injury that might occur.

The Tim Horton Children's Foundation, Inc., **do not** provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. You are encouraged to check with your school to determine if insurance is provided through your school board.

PHOTOGRAPHY

All photographs, film, video or other audio-visual recording taken of the Attendee by the Foundation or its agents shall be and remain the sole and exclusive property of the Foundation and may be stored, maintained, used, modified, published or broadcast in any medium now known or hereafter devised, without payment or compensation by any one or more of the following, namely, the Foundation, The TDL Group Corp., Tim Hortons Advertising and Promotion Fund (Canada) Inc., Tim Hortons USA Inc., The Tim's National Advertising Program, Inc., their affiliated or related entities, and their advertising and promotional agencies.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the Trip to Tim Horton Children's Camp to be held on or about Sept. 24-27, 2018...
(name of student)

Signature of Parent/Guardian: _____ Date: _____

MEDICAL FORM

To be completed by each participant and staff member.
To be submitted by the Group Coordinator no less than 2 weeks before the trip.

PART 1: GENERAL INFORMATION

Name of Group/School: _____

Participant Name: _____

Participant Age: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone #: _____

In the weeks following your child's camp experience, you will be sent a survey by email to evaluate their experience with us and the lasting impact of our Programs. We hope you will take the time to complete this survey as your feedback is important to us!

Email address: _____

PART 2: MEDICAL INFORMATION

Please note: It is the responsibility of the group to administer routine medications for their participants.

Does the participant have an allergy? Yes No

If yes, please list allergies and what triggers a reaction: _____

Is the participant bringing an Epi-Pen? Yes No

Does the participant have any dietary requirements? (check all that apply):

Lactose Intolerant Vegetarian Halal Gluten Intolerant Other (vegan, no pork, etc.): _____

Is there anything that would limit the participant's ability to fully participate in ALL camp activities?

If yes, please specify: _____

