



**ELIZABETH SUTHERLAND SCHOOL**  
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phone 479-4427  
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Sara Walker, Principal                      Craig Nelson, Vice Principal

Parents/Guardians,

We are preparing for our second trip to the Tim Horton's Camp for this school year. The dates for our next visit are **March 4<sup>th</sup> – March 7<sup>th</sup>, 2019**. As before, we will leave immediately after classes on Monday and return before the end of the school day on the Thursday.

This trip will offer our students a chance to continue the team building they started in the fall and will also allow them to complete their community service projects.

Attached are the necessary forms for students to attend camp. Despite completing similar forms in the fall, we do need to collect this information again, in case anything has changed. Thank you for taking the time to fill all of them out (if a particular form does not apply, please write NA and return it with the other forms so we know it wasn't just forgotten).

All forms are due back to homeroom teachers **as soon as possible** as the Tim Horton's foundation requires the information to begin planning on their end. If you have any questions about camp please contact me, Matthew Murphy ([matthew.murphy@hrce.ca](mailto:matthew.murphy@hrce.ca)).

Matthew Murphy  
Teacher  
Elizabeth Sutherland School

## PACKING LIST

### FALL/WINTER – VISIT # 1

- Warm coat, hat/wool, 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.

**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 everyday 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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**Appendix B:**

**Form A: Administration of Prescribed Medication to Students**

Approved: June 20, 2012

Revised: March 30, 2016

To Be Completed By Parent/Guardian

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  |
|--|--|--|--|
| <b>Name of medication</b>                                      |  |  |  |
| <b>Brief Description of Medication</b><br>Ex: Heart Medication |  |  |  |
| <b>High Alert</b>  | Yes      No  | Yes      No  | Yes      No  |
| <b>Required intervention</b>                                   | Administer by staff<br>Self administer with staff monitoring | Administer by staff<br>Self administer with staff monitoring | Administer by staff<br>Self administer with staff monitoring |
| <b>Dose of Medication</b><br>mg/ml/#<br>tabs/amount            |  |  |  |
| <b>Frequency</b>   |  |  |  |

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

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

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

\_\_\_\_\_  
Date

# 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 Mar 4-7, 2019, 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.

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



# RELEASE & INDEMNIFICATION FORM FOR EDUCATION TRIPS TO TIM HORTON CHILDREN'S FOUNDATION, INC. FACILITIES

Our school, Ecole Elizabeth Sutherland School is arranging a trip to the  
Tim Hortons Children's Foundation from March 4 - 7, 2019

THIS FORM MUST BE READ AND SIGNED BY ALL STUDENTS, SCHOOL EMPLOYEES AND VOLUNTEERS WHO WISH TO GO.

The activities involved in the visit to the Tim Horton Children's Foundation, Inc.'s (the "Foundation") 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~~

Outdoor living skills such as geocaching

Farming and ranch activities such as caring for and feeding of farm animals (Onondaga Farms & Children's Ranch Only)

## ELEMENTS OF RISK:

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 associated transportation must assume these RISKS. All of the RISKS and types of injury cannot be listed on this Form, but may include: 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 and associated transportation 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 as well as DEATH of the participant. 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 injuries can 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 Foundation, its employees, agents, officers or directors. By choosing to take part in this Visit and associated transportation, 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 engaged in the activity.

If you choose to participate in a trip to the Tim Horton Children's Foundation on March 4 - 7, 2019, you must understand that you bear the responsibility for any injury that might occur.

The Tim Horton Children's Foundation, Inc., does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students, school board/district employees, or volunteers participating in this activity.

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, Restaurant Brands International Inc., 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.

SURVEY INFORMATION

In order to consistently improve programming efforts and provide a meaningful experience to young people at camp, we collect & analyse data that includes, but is not necessarily limited to, a camper survey administered at, before, or after each camp visit. This information is used not only to inform decision making for program development, but may also be used by the Foundation, Restaurant Brands International Inc., 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, for the purpose of promoting the efforts, activities, and results of the Foundation.

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FAMILIES OF STUDENT CAMPERS - PLEASE SIGN BOTH THE BELOW ACKNOWLEDGEMENT & PERMISSION  
*Adults & Supervisors - Please sign Acknowledgement as Supervisor and Date only.*

ACKNOWLEDGEMENT

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

Signature of Participant: \_\_\_\_\_

Signature of Parent/Guardian/Supervisor: \_\_\_\_\_

PERMISSION

I give \_\_\_\_\_ permission to participate in the programming at Tim Horton Children's Foundation to be held on or about March 4 - 7, 2019.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# MEDICAL FORM

To be completed by all participants, staff members & volunteers. Must be submitted no later than 3 weeks prior to each visit.

## Part 1 - General Information

Name of School Ecole Elizabeth Sutherland School  
Name of Participant \_\_\_\_\_  
Age of Participant \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_  
Emergency Contact Phone # \_\_\_\_\_

## Part 2 - Medical Info

*Please note that routine medications will be administered by school staff*

Does the participant have any allergies? YES  NO

If Yes, please list allergies and what triggers a reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the allergy life-threatening? YES  NO

Will the participant bring an Epi-Pen? YES  NO

Does the participant have any dietary requirements?

Halal  Vegetarian  Lactose Intolerant  Gluten Intolerant

Other: \_\_\_\_\_

Is there anything that would limit the participant's ability to fully participate in ALL camp activities? YES  NO

If Yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_