



Stony Plain Central School

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May 2022

Parents/Guardians:

Field trips are back! We are so happy to offer the grade 8 students a two-day field trip to Camp Warwa (a lake-shore property about 50km west of Stony Plain) on June 22nd/23rd. The cost of this trip is \$60/student. Grade 8s will take part in a number of activities over two days including archery, rock climbing, ziplining, canoeing and many others. Students will leave school each day at 9:00am and return by 2:30pm in time for their regular departure. This IS NOT an overnight trip. Please look over the information and **sign and return the Field Trip Permission Form** as well as the **Camp Warwa Health/Consent** form by **Friday, June 3rd**.

If you have any questions about fees or payment, please contact Aimee Watson (Head Secretary) at the school by email: aimee.watson@psd.ca or by phone: (780) 963-2203. Payments can be made by cash or cheque (payable to PSD), or online through the Parent Portal.

Questions about the camp itself can be directed to Mrs. Laevens - marci.laevens@psd.ca, Mr. O'hara - landon.ohara@psd.ca, or Ms. Rankin - megan.rankin@psd.ca

Thank you.

M. Laevens



PARKLAND
SCHOOL DIVISION
NO. 70



Stony Plain Central Camp Warwa Field Trip Permission

Date of Activity	June 22 and 23/33	Teacher(s)	M. Laevens, M. Rankin, L O'Hara	
Activity	Camp Warwa	Grade(s)	8	
Location	Camp Warwa	# of Parent Helpers Req'd	N/A	
Start Time	8:30	End Time	3:00	
Lunch	Bring own Bag Lunch	Please Return Form By	June 3, 2022	
Comments	This form provides permission for students to participate in a variety of activities outlined on attachment. Please be sure to complete Camp Warwa Medical Forms.			

ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT

I/We acknowledge that my child will participate in the fieldtrips/activities as outlined. These activities involve certain risk, dangers and hazards to the participants. These may include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and trip or event cancellation or curtailment.

I/We understand that during these activities, authorized staff of Parkland School Division staff, supervisory adults, as well as employees of other agencies associated with this activity will endeavour to instruct, protect, and care for the well-being of my child as would I in their place, including making decisions regarding the medical care of my child and/or transportation to receive medical care.

I/We understand that my child will be expected to uphold the behaviour expectations of students of Parkland School Division as in any other school endeavour as outlined in the Student Code of Conduct. I understand that my child's failure to abide by behaviour expectations could result in his/her removal from the activity.

I/We have discussed the risks and expectations of this activity(s) with my child and have confidence that my child has understood them. I am aware that every parent has the right to deny his/her child's participation in an off-site activity and that this activity(s) is/are not a prerequisite for the completion of any required course of study. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I/We are aware that the Program Facilitator reserves the right to postpone, terminate or cancel an activity at any time and with little notice if the activity can no longer be conducted in a safe and secure manner.

I/We understand that the Superintendent of Parkland School Division 70 may cancel or interrupt any approved off-site activity at any time up to the point of return from that activity, where the Superintendent considers the safety and well being of students and supervisors to be at unusual risk, real or potential, due to emergent circumstances. Such a decision will consider any emergent change in social, political, health, legal or physical environment that may contribute to risk greater than that which existed when the offsite activity was originally given approval. Further, I/we understand that only those costs will be reimbursed that are made available or returned to Parkland School Division as a product of the cancellation of the offsite activity.

I/We have read and understood the above statements at my leisure, understood the nature of the document and its content. I consent to the participation of my child in this activity and associated activities.

Student Name Homeroom Class/Teacher

Printed Name of Parent/Guardian Signature of Parent/Guardian Date Phone Number

This permission sheet must be returned for your child's participation – written notes or phone calls are not acceptable

GRADE 8 CAMP WARWA TRIP

WHERE:

CAMP WARWA - The camp is located on 23 acres of wooded lake shore property on Lac Ste. Ann, approximately 50 km. West of Stony Plain. Web Site Address: www.campwarwa.org

WHEN:

Wednesday, June 22nd and Thursday, June 23rd

COST:

\$60.00



The cost includes the following:

1. Certified instructors and the equipment use - \$44
2. Bus to and from the Camp on both days - \$16

PACKAGE:

Group Activities

Group Challenge Course
Climbing Wall
Low Ropes Course
Canoeing
Archery
Zip Line

Camp Facilities

Infirmery & First Aid Station
Dining Hall
Heated Trailers
Indoor Bathrooms
Kitchen
Washer & Dryer

SCHEDULE:

DAY 1

8:35 ----- Students arrive at Stony Plain Central School
9:00 ----- bus leaves for Camp Warwa
9:50 ----- arrive at Camp Warwa and meet with staff directors
10:00 ----- First Group Activity
11:00 ----- Second Group Activity
12:00 ----- lunch (bring your own lunch bag)
12:30 ----- Third Group Activity
1:45 ----- depart for SPC
2:30 ----- Arrive at SPC
3:05 ----- Regular Dismissal

DAY 2

8:35 ----- Students arrive at Stony Plain Central School
9:00 ----- bus leaves for Camp Warwa
9:50 ----- arrive at Camp Warwa and meet with staff directors
10:00 ----- First Group Activity
11:00 ----- Second Group Activity
12:00 ----- lunch (bring your own lunch bag)
12:30 ----- Third Group Activity
1:45 ----- depart for SPC
2:30 ----- Arrive at SPC
3:05 ----- Regular Dismissal

EQUIPMENT NEEDED:

- water bottle
- bag lunch for both days
- completed personal health form
- appropriate clothing for the weather (hat, gloves, jacket, shoes, etc.)

RULES/REGULATIONS/CONSEQUENCES

The general rules and regulations that will be followed by students are:

1. An ongoing evaluation will be done throughout the course of the camping trip.
Evaluation will consist of attitude, behavior and participation.
2. No vaping/smoking or drug/alcohol related activities.
3. Cell phones are allowed but during the delivery of programs must be off and put away
4. Students are responsible for their behavior to the teacher chaperones and the program staff.
5. All rules and expectations during a regular school day shall apply during the school trip.

READ ENTIRE FORM BEFORE COMPLETING.

TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN FOR PARTICIPANTS UNDER 18 YEARS.

**CAMP WARWA
PERSONAL HEALTH FORM
RENTAL GROUPS**

NAME: _____ AGE: _____ SEX: _____
Surname Given Name

ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ (Daytime) _____ (Night time)

BIRTH DATE: _____ HEIGHT: _____ WEIGHT: _____

ALBERTA HEALTH CARE #: _____ BLUE CROSS: _____

OTHER INSURANCE: _____ DOCTOR: _____ DOCTOR PHONE #: _____

Hospital where Doctor has admitting privileges _____

EMERGENCY CONTACT: Name _____ Phone #: _____
Address: _____ Work #: _____
#1 Relationship: _____
(parent or guardian)

Where contact will be if not at home or work. Phone #: _____
Name _____ Phone #: _____
#2 Address: _____ Work #: _____
Relationship: _____
(parent or guardian)

HEALTH HISTORY (answer yes or no for each space with dates if necessary)

To your knowledge, is there past or present disease of:

Head _____ Epilepsy _____ Urinary system _____
Heart _____ Diabetes _____ Bowels _____ Allergies _____
Upper Respiratory _____ Asthma _____ Hay Fever _____
Drug Reactions _____ Ear Infection _____ Lungs _____
Bones/Joints _____ Other _____

Please elaborate if yes to any of the above: _____

If you are allergic to bees, bring appropriate medication.

List here medications applicant is on: _____

Special diet or activity restrictions? _____

Immunizations up-to-date? (yes / no) Date of last tetanus shot _____

Have you had a recent illness, injury, operation or been exposed to a communicable disease?

ADMINISTERING OF MEDICATION

If campers are a part of a school or rental group, it is the responsibility of the group leader to collect and administer all medications. On occasion, Camp First Aid Attendant or staff, might determine that a camper may require Acetaminophen (I.e. Tylenol). Does your child have any adverse reaction to Acetaminophen? (yes / no)
Do you give Camp Staff permission to administer tylenol to your child? (yes / no)

** Medications must be clearly labelled in original container (I.e. prescription bottle). Please bring enough medication for camp days only!!! Side effects should be clearly stated.

PARENT'S/GUARDIAN'S AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In case of emergency, I give permission for Camp Warwa staff to render first aid as necessary. I understand every reasonable effort will be made to contact my stated emergency contact. If I/They cannot be reached, I hereby give permission to the physical selected by the Camp Director/ Designate to hospitalize, secure proper treatment from, and to order injection, anaesthesia or surgery for my child named. I agree to pay for an ambulance, if necessary. (NOTE: The cost is \$305.00 or greater. Blue Cross Insurance covers this if you carry it).

Form completed by _____

PRINT NAME

SIGNATURE

RELATIONSHIP

DATE

Comments: _____

Please notify camp if camper is exposed to any communicable diseases prior to camp.

The information on this form will be used at the discretion of the Director to ensure care and attention is given to the health of the participant.

Do we have your permission to use your photograph or our child's in promotional materials.

(Yes / No) Circle one.