

June, 2018

To Parents and Guardians:

The purpose of this form is to communicate some important information about our June camping experience and to collect health information about your child.

**Itinerary** 

- Arrive at the Laurier Gymnasium 8:00 Wednesday, June 20th , 2017
- Depart Laurier 8:15 a.m. by school bus to Horseshoe Bay. *Camp Latona staff will transport students to and from camp by water taxi to the camp site on Gambier Island*
- Return to Laurier 3:00 p.m., Friday, June 22<sup>rd</sup>

Laurier Staff supervising outdoor school will be: Mr. Fisher, Mr. Hong and Ms. Golby and Ms. Navin. We will also be taking nine parents to help supervise. All camp activities are run by trained Camp Latona staff. Laurier students will be participating in the Center based Earth Rangers program. For details about the program go to the following web site: <u>http://camplatona.com/</u>

Mr. Fisher has first aid training and we will bring first aid supplies on site. There is a hospital that is 25 minutes away. Please inform me and the school of any health concerns on the medical information form that was sent home. This form includes a request for health details (care card #, allergy concerns etc.) of each student with us.

The Laurier Code of Conduct is to be followed at all times. Students who do not respect the code will be sent home without a refund. Should you choose not to send your child to camp, and opt to have them attend school as usual, please complete the section below and return it the school at your earliest convenience.



## SIR WILFRID LAURIER ELEMENTARY SCHOOL

## OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

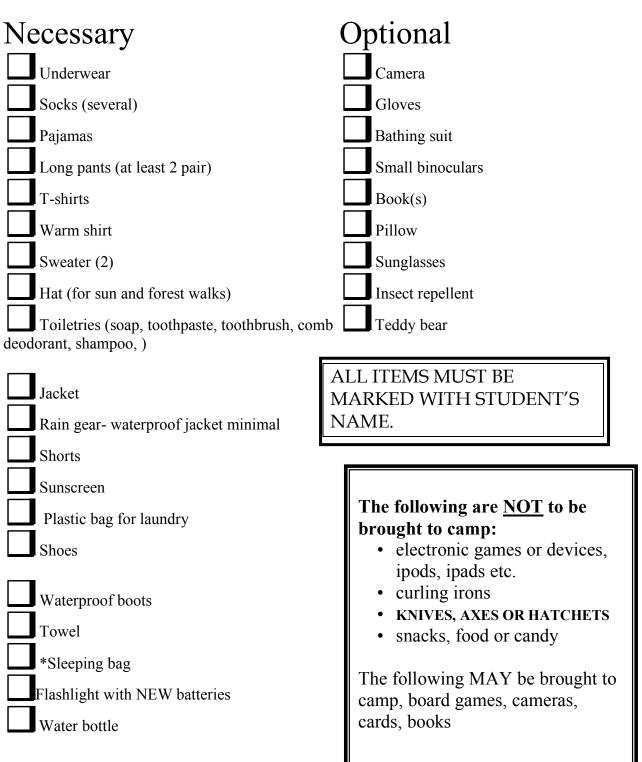
The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant. (Please print carefully and legibly)

Student Name:		Birth Date:		
Grade/Program:		Teacher:		
Address:				
BC Medical Services Plan Personal Health	No.:	Student School Accident In	surance: 🗆 Yes I	⊐ No
Allergies (e.g., specific drugs, certain foods	, insect stings, hay fever)	10 10		
Reaction(s) to above?			<i>p</i>	
Carries Epi pen? □ Yes □ No Inhaler?	□Yes □No Med	ical Alert Bracelet? □ Yes □ N	10	
Date of last Tetanus shot:				
Medical/physical conditions that may affect surgery, chronic conditions, phobias, etc.).	Be specific:	l program/activity (e.g., recent illn		nospitalization or
Specify the condition(s) and requirements	or program modification of	or specific activities your child sho	uld not participate in:	
Prescribed medication(s) taken at this time	(name, reason, dosage,	storage, potential side effects/trea	Itment of such):	
Other Health/Medical/Dietary Concerns/res				
Emergency Contacts:				
1)				
2)	Phone: (H)	(W)	(C)	
Name of Physician		Phone #		
ACKNOWLEDGEMENT OF CONSENT				
Parent/Guardian who is filling out and sign	ng this form:			

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print)\_\_\_\_\_\_Signature \_\_\_\_\_\_Signature \_\_\_\_\_\_

## SUPPLY LIST



• If your sleeping bag is not particularly warm, bring an extra blanket.