



VINCENT MASSEY
PUBLIC SCHOOL

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January 22, 2020

Dear Parent/Guardian,

Vincent Massey is pleased to announce that we will be having the "Junglesport" program at the school the week of February 24-28, 2020. Students from JK – Grade 8 will be participating during their regular gym time. The cost for each student will be \$14 which can be paid **ONLINE ONLY, please do not send cash or cheque.** If you have extenuating circumstances please contact Mr. Shea directly. Payment must be received by Friday ~~January~~ ^{Feb.} 14, 2020.

Junglesport Inc. climbing and adventure programs are coming to our school! Junglesport has run programs in schools across Ontario and Quebec for over 15 years, serving over 100,000 participants every year. Their programs have been designed to benefit students of all ages, abilities and needs.

The philosophy behind their programs is S.A.F.E. – Safe, Active, Fun, Educational.

Junglesport sets up its climbing jungle gym in our school gymnasium and two qualified Junglesport instructors guide the students through a range of climbing and ropes course activities. There is always one teacher per class present in the gymnasium as well.

Junglesport supplies all the safety equipment required for all activities and each student is provided with a helmet and where appropriate, a harness. The helmets are constructed of a material that does not harbor lice and are cleaned on a regular basis. All Junglesport activities follow strict safety rules.

Some of the activities on offer are: Wall Climbing; Traversing; Low Ropes; Ascending & Descending Static Lines; Obstacle Courses; Zip Ride and Gorilla Gym! The activities take place on the Junglesport structure in the safety and security of the school gymnasium.

Students will have the opportunity to try different activities, learn new skills, achieve success and increase self-awareness. To find out more information about Junglesport please visit their website www.junglesport.ca or [facebook.com/Junglesport](https://www.facebook.com/Junglesport).

Please complete the attached forms fully (back & front), provide payment, and return the forms to the school by **February 14, 2020.**

Sincerely,

A handwritten signature in cursive script that reads "Nicholas Shea".

Nicholas Shea

Principal





INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS
(Students Under 18 Years)

Vincent Massey is arranging for
'Junglesport climbing & ropes course program' to be at our school

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

ELEMENTS OF RISK:

Educational activity programs, such as "Junglesport" 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 'Junglesport climbing & ropes course activities':

1. Bumps and bruises
2. Sprains, strains, fractures
3. Blisters

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 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 engaged in the activity.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ACKNOWLEDGING THE RISKS ASSOCIATED AND PROVIDING CONSENT FOR PARTICIPATION.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the Junglesport program
(name of student)
to be held on or about FEB 24-28 2020
(date)

Signature of Parent/ Guardian: _____ Date: _____

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Complete on behalf of a student who wishes to participate in the excursion to VINCENT MASSEY GYMNASIUM

Please return to the supervisor in charge/school prior to the excursion by: Feb 19, 2020

Student and Parent/Guardian Information:

Student Name: _____ Health Card # (optional) _____
School: _____ Date of Birth: _____
Parent/Guardian Name: _____ Home Phone: _____
Home Address: _____ Work Phone: _____

Emergency Contacts:

Name 1: _____ Home: _____ Work: _____
Name 2: _____ Home: _____ Work: _____

Health and Medical:

Information regarding any special conditions or potentially life-threatening circumstances such as seizures, diabetic, asthmatic and anaphylactic reactions should already have been communicated to the school principal and an Individualized Emergency Response Plan developed.

1. Describe any special conditions your child has in writing and/or telephone the supervisor in charge to discuss them:

2. Has he/she any drug allergy or sensitivity? If so, give details:

3. Has he/she any serum sensitivity? If so, give details:

4. Give date of last tetanus shot and reason for it:

5. If there is any further information which you feel staff should know in order to help them assist your son/daughter in maintaining his/her health and well-being while on this trip, please list below or attach an additional page:

Self-Administered Medication:

For requests to administer prescription medication, parent/guardian **must provide original pharmacy labeled container**. The supervisor will collect all medications to store them in an appropriate and safe place, and will make them available to your son/daughter at the appropriate times. The student will still be responsible for administering his/her own medication. If you have any questions or concerns, please contact the supervisor in charge.

Medication #1: _____
Dates to administer: _____
Directions and comments (e.g. dosage, times): _____ _____

Medication #2: _____
Dates to administer: _____
Directions and comments (e.g. dosage, times): _____ _____

I understand that my son/daughter will be responsible for self-administering this medication as indicated above.

Signature: _____ Date: _____



KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Elements of Risk:

Although all safety precautions will be taken by the Kawartha Pine Ridge District School Board and its staff to ensure the safety of all participants, it is important for everyone involved to understand that out-of-classroom programs do present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the supervisor, the school board or the facility at which the activity or event is being held.

Higher Risk Activity:

This is is not considered a higher risk activity. Examples of risks associated with this higher risk activity are:

- 1. BUMPS/BRUISES
- 2. SPRAINS/STRAINS
- 3. FRACTURES

These risks 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 facility where the activity is taking place. By choosing to participate in the activity, you, the student, are assuming the risk of an accident occurring. The Kawartha Pine Ridge District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in this activity. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity.

Accident Insurance Notice:

The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment, medical or dental expense insurance on behalf of students participating in this activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year.

Medical Services Authorization:

Should medical care be required, I hereby give the supervisor in charge permission to use his/her best judgement in obtaining the best of such service. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, the parent/guardian will be notified as soon as possible.

Additional Information:

- As this activity is part of or an extension of the school program, students must adhere to the school Code of Conduct.
- The "Departure from Itinerary Form" must be completed in advance if a student intends to depart from the specified itinerary (including alternative modes of transportation to and from destinations). This form is available on request.
- Please discuss with a school representative, any personal, family, financial, or cultural factors which may prevent your child/ward from participating in this activity.

Acknowledgement of Risks, Permission to Participate and Travel, Informed Consent Agreement:

I have read and understand all the information outlined above. I hereby grant permission to _____

to take part in the trip to VINCENT MASSEY GYMNASIUM as outlined above, to be held on or about Feb 24-28, 2020
Destination Name of student Date

- I/We have read and understand the notice of Elements of Risk. _____ (initials of Parent/Guardian)
- I/We acknowledge and accept the risk inherent in the activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident insurance coverage. _____ (initials of Parent/Guardian)
- I/We have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)
- I/We give permission to the supervising adult(s) to obtain professional assistance in the event that my son/daughter requires medical attention. _____ (initials of Parent/Guardian)

Where fees are required for this activity, please indicate method of payment: School Cash Online Cheque Other: _____

If volunteers are required for this activity, would you be available to assist with the trip? Yes No

If yes, do you have a current police check? Yes No

Parent/Guardian Signature: _____ Date: _____

