



Thursday, April 15, 2025

**Oki Parents, Caregivers, and Guardians;**

We (Ms. Leanna and Ms. Prabh) are currently planning a school off-site activity to *Rothney Astrophysical Observatory*, which is located at *210 Avenue W, Hwy 22 S, just outside of Calgary*. The off-site activity will occur on **April 22, 2025**. This trip is a generous gift from the **Rothney Astrophysical Observatory** as part of their commitment to **Truth and Reconciliation**.

**Transportation Itinerary:**

**Depart Piitoayis Family School promptly at 9:15 am**

Teachers and students will board a charter bus and ride to *Rothney Astrophysical Observatory*, the expected arrival time is 10:00 am.

**Depart Rothney Astrophysical Observatory: 2:00 pm**

Teachers and students will board a charter bus and return to Piitoayis Family School. Expected arrival time is 2:40.

**Readiness & Expectations:**

- Please ensure your child arrives at school on time. The bus will leave **promptly at 9:15 AM**.
- If students are late or don't have a signed form, they will stay at school and participate in planned activities.
- Teachers will assess each child's emotional and physical readiness for the trip. If needed, parents will be notified if their child will stay at school instead.
- Before departure, we will review rules and expectations with students.
- Students will remain together in a supervised group throughout the trip.
- **Permission Form:** A completed **acknowledgment of risk form** is required. **Verbal permission will not be accepted.**
- **Emergency Contact:** Please provide your most current phone number.
- **Bring a backpack** for personal items and to carry their provided lunch and snacks.
- **Lunch and snacks will be provided.**
- **All activities will be indoors.**

If you have any questions about this school off-site activity, please do not hesitate to contact me at [dlhuszar@cbe.ab.ca](mailto:dlhuszar@cbe.ab.ca).

Hand to Heart,

Leanna Huszar





## Consent of Parent, Legal Guardian or Independent Student and Acknowledgement of Risk for “A” and “B” Off-Site Activities

Complete this form to authorize participation in the Off-Site Activity/ies. It must be completed by a parent, legal guardian or independent student. Please read carefully. Consent is required per CBE Administration Regulation 3027 – Off-Site Activities.

| Off-Site Activity/ies: | Departure Date(s): |
|------------------------|--------------------|
| Field Experience       | Apr 22, 2025       |

**Student Name:** \_\_\_\_\_

**School Name:** Piitoayis Family School

My child, or I, an “Independent Student” under the *Education Act* (in either case, the “Student”), will be given the opportunity to participate in the program, activity and/or series of activities for the program referred to in **Schedule B** and I agree to and acknowledge the following:

1. As the parent or legal guardian of the Student, I agree on my own behalf and on behalf of the Student (or, as an Independent Student, I agree) to release The Calgary Board of Education (“CBE”), its Trustees, Superintendents, employees, consultants, agents and volunteers (collectively, the “CBE Group”) and the Service Provider(s) of the program or activity named in Schedule B and its/their respective directors, officers and personnel (together with the CBE Group, collectively, the “Releasees”) from any actions, claims, demands, losses, liabilities, damages, costs and expenses (“Losses”) arising from or related to:
  - a) the program and activity/ies and any services provided to the Student during the program and activity/ies, except to the extent of Losses arising from the negligence or wilful default of any of the Releasees;
  - b) any risks and hazards inherent in or arising from the program and activities, whether foreseeable or unforeseeable;
  - c) any delay or failure to perform the program or activity/ies or related services arising due to events beyond the reasonable control of the Releasees, including without limitation, as a result of acts of God, fire, flood, epidemic, earthquake, terrorist acts, acts of war, governmental actions or changes of law; and
  - d) transportation of the Student to and from the activity/ies, including in the course of embarking or disembarking from any mode of transportation.
2. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that:
  - a) the supervisors and staff of the Service Provider are fully trained and qualified to supervise and direct the activities;
  - b) any CBE teacher or personnel accompanying the participants during the program and activities are trained and skilled as applicable;
  - c) the location and/or facilities at which the activities are carried out meet applicable health and safety standards;
  - d) any equipment made available to the Student by the Service Provider for use in the activity has been inspected by it and is deemed by it to be appropriate, safe, and well maintained;
  - e) the Student will be asked to participate in activities during the program or activity/ies that are age and observable skills appropriate; and
  - f) the Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.
3. a) I have been provided by the CBE with information about the program and activity/ies, including the general nature of certain foreseeable risks and hazards associated with the program and activity/ies as indicated in Schedule B. However I understand any such risks that may have been identified by the CBE do not constitute a comprehensive and exclusive list of foreseeable or unforeseeable risks. I am not relying solely upon such information provided by the CBE and I reserve the right to obtain additional information upon such basis as I determine.

- b) I voluntarily acknowledge and assume on my behalf and on behalf of the Student (or I, as an Independent Student, assume) the risks and hazards, known and unknown, inherent in the nature of or arising from or related to the program and activity/ies and I understand and acknowledge that the Student (or, as an Independent Student), as a participant in the program and activities, may suffer personal and potentially serious injury, illness, property damage or loss due to the foreseeable and unforeseeable risks inherent in or related to the program and activity/ies.
4. I confirm that the Student (or I, as an Independent Student) shall comply with the CBE's policies in effect from time to time (as contained on CBE's website or as otherwise disclosed to me by CBE) and any applicable CBE or school Code of Conduct and the rules of the Service Provider (as disclosed to me) in respect of the program and activity/ies as well with the directions and instructions of the CBE and/or Service Provider(s) with respect to the program and activity/ies.
5. I acknowledge that the failure of the Student (or my failure as an Independent Student) to abide by the CBE and/or Service Provider instructions and directions and with any applicable laws during or related to the program and activity/ies may result in exclusion of the Student (or me, as an Independent Student) from the program and activities, in which event, I, as a parent or guardian will transport the Student (or I, as an Independent Student, will be responsible for departing) from the location of the activities.
6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect the Student's participation (or my participation as an Independent Student) in the program and activity/ies and I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.
7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for the Student's safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport the Student (or me as an Independent Student) for emergency medical care, at my expense. **Schedule A to this Consent is a Medical Information form that I shall complete, sign and return with this form to the CBE** and I warrant that the information contained therein concerning the Student is complete and up to date.
8. I understand that I am responsible for the Student's (or, as an Independent Student, my) illegal activities arising during the program and activity/ies (including theft, vandalism or using or trafficking in illegal substances or non-prescription drugs).
9. I confirm that this Consent shall be binding upon me and, if I am a parent/legal guardian of a Student, that it shall also bind the other parent or legal guardian of the Student and the Student so that if the other parent or legal guardian or the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, I indemnify the Releasees from any Losses arising therefrom.
10. I confirm that I have had the opportunity to seek independent legal advice prior to signing this Consent.

**Consent of Parent, Legal Guardian or Independent Student**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

**SCHEDULE A – MEDICAL INFORMATION****Important**

Teacher in Charge will have a copy of this information during the off-site activity to address health and medical needs including emergencies and may share this information with others as deemed necessary.

|                               |                           |
|-------------------------------|---------------------------|
| <b>Off-Site Activity/ies:</b> | <b>Departure Date(s):</b> |
| Field Experience              | Apr 22, 2025              |

**Student Name:** \_\_\_\_\_

**Date of Birth (YYYY/MM/DD):** \_\_\_\_\_ **Epinephrine Autoinjector (EpiPen):** ☐ No ☐ Yes

**Drug Allergies:** ☐ No ☐ Yes. If yes, specifics / severity: \_\_\_\_\_

**Food Allergies:** ☐ No ☐ Yes. If yes, specifics / severity: \_\_\_\_\_

**Insect Allergies:** ☐ No ☐ Yes. If yes, specifics / severity: \_\_\_\_\_

**Other Allergies:** ☐ No ☐ Yes. If yes, specifics / severity: \_\_\_\_\_

**Is the student under treatment for an illness, injury or condition? (including Asthma)** ☐ No ☐ Yes. If yes, describe.

Include activities to be restricted or modified: \_\_\_\_\_

**Medication – describe the medication and how it is taken.** If more space is needed, attach information.

| Name of Medication | Reason (optional) | Dosage | How Often | Time of Day |
|--------------------|-------------------|--------|-----------|-------------|
| _____              | _____             | _____  | _____     | _____       |
| _____              | _____             | _____  | _____     | _____       |

**Medication Storage Requirements:** \_\_\_\_\_

**Are there any known side effects to above medication(s)?** ☐ No ☐ Yes. If yes, describe. \_\_\_\_\_

**IMPORTANT: Do you have any concerns about your child's mental health or emotional readiness in relation to this trip?**

(e.g., anxiety, depression, fear, etc.) ☐ No ☐ Yes. If yes, describe: \_\_\_\_\_

**IMPORTANT: Do you have any other concerns about your child's physical health in relation to this trip? (e.g., injuries,**

**night terrors, sleepwalking (if overnight), etc.)** ☐ No ☐ Yes. If yes, describe: \_\_\_\_\_

**Medical Treatment Restrictions (if any) e.g., blood transfusions:** ☐ No ☐ Yes. If yes, describe: \_\_\_\_\_

**Dietary Restrictions (if any):** ☐ No ☐ Yes. If yes, describe: \_\_\_\_\_

**Emergency Contact 1**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_

**Emergency Contact 2**

**Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Other Phone:** \_\_\_\_\_

## Administration of Medication and Supports

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002 - Student Health Services, parents/legal guardians/independent students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. Unless indicated otherwise in the *Student Health Plan*, the CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/independent student shall notify the teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/independent student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ nonprescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken, unless indicated otherwise in the Student Health Plan. I, the parent, legal guardian or independent student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the teacher has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

If the student is registered in a **CBE High School**, the requirement of teacher/staff supervision of self-medication by the student and of storing medication may be waived by the parent/legal guardian/independent student by marking in the box below.

**Student in Grade 10, 11 or 12:**

☐ I do **not** wish the CBE, its teachers/staff to store the student's medication or supervise the self-medication by the student.

## Authorization of Parent, Legal Guardian or Independent Student

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the teacher immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student prior to or during the offsite activity or trip in which the student shall be a participant. I further agree to the following:

- a) in the event of a medical emergency involving the student, the teacher or his/her designates and any applicable CBE personnel or the Service Provider service provider may seek immediate professional medical assistance and CBE may disclose the information concerning the medications and all other relevant personal information concerning the student to professional medical advisors or paramedics as reasonably required; and
- b) if the medications are missing or damaged during the course of the offsite activity or trip, I release the CBE and any offsite service provider and its and their respective personnel, trustees, directors, officers, employees, consultants, agents, volunteers and representatives from any claims, actions, losses, damages, liabilities and costs arising therefrom.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (YYYY/MM/DD)**

Personal information is collected under the authority of *Alberta's Freedom of Information and Protection of Privacy Act* (FOIP) and the *Education Act*. This information will be used to respond to the identified medical or physical needs of the student named above, and to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal.

## SCHEDULE B – PROGRAM / ACTIVITY INFORMATION

Teacher in Charge: Huszar, Leanna D

Schools(s):

Piitoayis Family School

Service Provider(s):

University of Calgary (includes Rothney Observatory and Biogeosciences Institute)

Purpose of Activity:

Curriculum - Science Earth systems and Space unit

Activities

| Activity         | Description                                          | Departure Date | Return Date  |
|------------------|------------------------------------------------------|----------------|--------------|
| Field Experience | 210 Avenue W, Hwy 22 S, Foothills County, AB T0L 1W0 | Apr 22, 2025   | Apr 22, 2025 |

Risks / Hazards

| Source      | Risk                                     |
|-------------|------------------------------------------|
| Entire trip | Getting lost or separated from the group |
| Entire trip | Weather conditions                       |
| Entire trip | Slips, trips and falls                   |
| Entire trip | Pre-existing medical conditions          |