

Dundana Elementary School

23 DUNDANA AVENUE
HAMILTON, ON L9H 4E5
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www.hwdsb.on.ca/dundana
PRINCIPAL: Mrs. Kristi Keery-Bishop

January 16, 2019

Dear Parents/Guardians of students in Grades 1 to 5:

As part of our physical education program, we will once again be going skating. We have booked Harry Howell Arena in Flamborough for one session of ice skating. The date will be **Thursday March 7, 2019**. Children must have properly fitting skates and helmets to participate. According to the OPHEA Guidelines, it is strongly recommended that students wear CSA approved hockey helmet; properly fitted skates; gloves or mitts and transport their skates safely.

This year, the cost of skating and transportation is \$4.50 per student. All payments must be made online through schoolcashionline.com.

We also encourage parents to consider purchasing student accident insurance prior to going skating. In the event of an accident this is a wise decision. For example, approximately 70% of student accidents relate to injury or damage to teeth. Without a complete personal dental care benefit plan or student accident insurance, parents may be faced with escalating and ongoing dental expense. The insurance forms are available in September but if you did not purchase one at that time and are interested in doing so, please contact the office.

Students will travel by school bus to the arena and skate in two shifts.

Group 1 – Skate time: 12:00 – 1:00 p.m.: Mme Harrison, Mme Eastwood, Mme Price, Mme Godley, Mrs. Firth, Mme Komar, Mme Leroeye

Group 2 – Skate time: 1:00 – 2:00 p.m.: Mme Ruii, Mme de Graaf, Mme Bromhead, Mme Strong, Mrs Hawley, Mrs Sklarchuk, Mrs Johnston, Mme Lattanzio

All skaters (Teachers and Volunteers) must wear skates, helmet and gloves/mitts on the ice. No skaters will be permitted on the ice until the teacher supervisors are on the ice and ready. Also, all adults on the ice must be able to skate with a reasonable ability (we will have a limited number of adult helmets available for supervisors). Sorry, but we are unable to accommodate any additional siblings as we are limited by the arena capacity rules and capacity on our buses.

We will require many volunteers on this day to assist with tying skates, attendance check-ins, and monitoring students (for such things as following rules of the arena/skating and assisting with being sure that students are behaving in a safe/responsible/controlled manner). Please note that volunteers should have current volunteer records on file with the school in order to volunteer on any school trip. Please inquire at the office if you would like to be a volunteer.

Please return enclosed permission forms and make the payment online by Friday March 1, 2019. We are looking forward to some good exercise and lots of fun.

Sincerely,
Ms MacDonald



PARENT/GUARDIAN INFORMATION LETTER

Dundana

School Phone: (905) 628-2622

Date 21-Feb-2019

Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the Phys. Ed. team is/are planning an excursion.

Location: Harry Howell Arena

Activity: Ice Skating

Date(s)/Time(s) Leaving the School: Thursday Mar. 7/19 @ 11:30am or 12:30pm

Date(s)/Time(s) Returning to School: Thursday Mar. 7/19 @ 1:25pm or 2:25pm

Transportation Method: School bus

Non-Staff Volunteers/Drivers will not be participating in this activity.

The cost per pupil for the excursion is \$ 4.50

We encourage you to pay online. Please contact the school if you require additional information.

Students are required to bring: ice skates, helmet, gloves/mitts, warm clothing

The excursion is part of the regular school program. It is intended the students will learn: improve/maintain ice skating skills at fitness level, vigorous exercise

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up-to-date. **Notify the school office immediately of any changes:**

- *Parents/Guardians and Home Address/Phone Numbers*
- *Emergency Contact Names/Phone Numbers*
- *Medical/Health Concerns*

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by **04-Mar-2019**

Volunteers Volunteer Drivers are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,

Ms MacDonald

J MacDonald
(Teacher in Charge)

K Keery Bishop
Mrs. Keery-Bishop (Principal)



PARENT/GUARDIAN CONSENT FORM

Please return this form to the school

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY

School: Dundana

Date of Excursion: March 7, 2019

Location: Harry Howell Arena

Activity: Ice Skating

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 this activity:

- 1. Slips, trips and falls
2. travel related injuries
3. ice skating related injuries
4.

- I/We acknowledge receipt of the letter dated 21-Feb-2019 from the school with respect to the upcoming student excursion. We authorize transportation by school bus
I/We understand that excursions contain an element or risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its' employees or the facility where the activity is taking place.
I/We understand that by choosing to allow the student to participate in this activity, you must understand that you bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.
I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Reliable Life at 1-800-463-KIDS (5437) or online at www.insuremykids.com.
I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.
I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.
I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.
I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.

I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

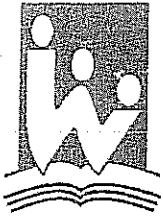
Names of Student: Teacher:

Signature of Student (if over 18): Date:

Signature of Parent/Guardian: Date:

PLEASE CHECK BOX FOR METHOD OF PAYMENT: ONLINE CASH CHEQUE

I am interested in volunteering. Please contact me to initiate the volunteer screening process.



**STUDENT EMERGENCY MEDICAL/CONTACT
INFORMATION FORM**

Dundana



Please return this form to the school.

Excursion Location: Harry Howell Arena

Date(s) of Excursion: March 7, 2019

Grade(s): 1 to 5

Class/Course/Group: all classes grades 1 to 5

At the conclusion of this excursion/series of excursions, this form will be shredded by the school.

To be completed by the parent/guardian:

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: _____

Life Threatening: Yes No

Epipen: Yes No

Other Medical Conditions/Restrictions/Limitations: _____

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): _____

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: _____ Policy Number: _____

Provider Contact Telephone: _____ Proof of Coverage: Yes No

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: _____ Date: _____