



# POINT GREY SECONDARY SCHOOL

staywate:n

5350 East Boulevard, Vancouver, BC, V6M 3V2 ▪ Tel. (604) 713-8220 ▪ Fax (604) 713-8218  
<http://go.vsb.bc.ca/schools/pointgrey>

August 2017

**Consent & Medical Forms are MANDATORY and MUST be submitted.  
ALL forms must be returned by THURSDAY. September 14**

Dear Parents,

## GRADE 8 RETREAT at KEATS CAMP Monday, September 25 – Wednesday, September 27, 2017

Each September, Point Grey holds a three day retreat for all Grade 8 students (except those in the Mini School). The retreat will be the official classroom from Wednesday, September 21st until Friday, September 23rd, as a result there will be no Grade 8 classes held at school during these days. The purpose of this trip is to foster a sense of belonging to the Point Grey community and their peers. Students choosing not to attend will be marked absent.

The Grade 8 Retreat provides a learning experience that addresses the development of young teens that may not otherwise be covered in a conventional classroom setting. Grade 12 students have been selected and trained as Leaders and will be at the retreat. The relationship between the Leaders and the Grade 8's continues throughout the school year. Since this is a very exciting event with such a large group, an additional Pre-Trip Information and Organization Student Assembly is scheduled on Thursday, September 14<sup>th</sup>.

The Grade 8 Retreat is located at Keats Island in Howe Sound, directly adjacent to Gibsons, BC. **Students will sleep in heated cabins supervised by Leaders. Rooms and washroom facilities are arranged by gender. All meals and snacks will be provided in a pleasant central dining hall. You can also learn more about the facility at <http://keatscamps.com/>**

The cost for the retreat will be \$270 per student. This covers lodging, meals, and snacks, use of facilities and equipment, instructors and presenters, entertainment, bus transportation, and substitute teacher costs back at school. **If there is a cancellation after Friday, September 9<sup>th</sup>, an administrative processing fee of \$50.00 will be charged.** Please make cheques payable to Grade 8 Retreat Point Grey Secondary School and clearly write your child's name and student number on the back. **This cheque must be a separate one from any other school fees being paid.** Homeroom teachers, some of whom will be going to the retreat, will be collecting these fees during the first week of school. Receipts will be issued.

If you are interested in volunteering please contact me by email at [cpante@vsb.bc.ca](mailto:cpante@vsb.bc.ca) by Thursday, September 14<sup>th</sup>. A return email and package will be sent to you to be completed and returned the following week to allow for processing



Please join us at our Parent Retreat Dinner & Information Meeting on:

**Thursday, September 14<sup>th</sup>, Cafeteria.**

**Rsvp for the dinner by Tuesday, September 12 to [pointgreypac@gmail.com](mailto:pointgreypac@gmail.com)**

Dinner: 6:00 pm ▪ Information Meeting: 6:30 pm

Sincerely,

Celeste Pante  
Vice Principal  
Enclosures

Turn Page ►►



# Keats Camp Packing List

Website: <http://keatscamps.com/>

Keats Camps asks that all visitors be prepared for all weather conditions. Due to the high probability of rain and the likelihood that your group will spend a large percentage of the day outside we ask that you please ensure that you come properly equipped so that this visit is a comfortable one. Keats Camps offers an environment where you are able to participate in activities taking place in the forest, fields and on the shoreline, so old clothes that you don't mind getting dirty and will keep you dry are necessary. Keats Camps provides cabin accommodation with bunk beds and sealed mattresses as bed units for sleeping. Participants should bring all of their personal belongings in a large backpack or zippered bag that they are able to carry. The following list of personal items is designed to be used as a general guideline only.

**PLEASE REMEMBER TO PUT YOUR NAME ON EVERYTHING THAT YOU BRING.**

**KEATS CAMPS IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN PROPERTY**

## VERY IMPORTANT ITEMS

- sleeping bag
- pillow
- rain gear (rain coat, pants, boots)
- prescription medications (labeled along with a note of explanation and description to give along with medication to group leader)

## BASIC CLOTHING

- 1 long sleeved shirt (if your group is coming at a time where you will run into cold weather)
- 2 t-shirts
- 1 warm sweater
- 1 pair of long pants per day (avoid jeans or anything 100% cotton as it doesn't dry as fast)
- 1 pair of shorts per day
- 3 underwear
- 2 pairs of socks or more per day
- sleep wear
- 1 pair of running shoes (not sandals or slip-ons)
- 1 swimsuit (if your group will be participating in water activities)
- 1 pair water shoes (sandals will work)
- 'sun' hat (gloves, warm hat & scarf when needed)

## TOILETRIES

- towel (multiple if your group will be participating in water activities)
- soap and shampoo (only small amounts needed)
- toothbrush and toothpaste
- hairbrush/comb
- personal items
- sunscreen

## OPTIONAL EQUIPMENT

- water bottle
- flashlight (compact and lightweight)
- pen and pencil
- insect repellent
- camera
- sunglasses

## PLEASE DO NOT BRING

- cellphones
- food containing peanuts
- gum or other junk food
- jewelry
- knives
- matches
- money
- radios
- valuables including electronic gadgets



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## Parent/Guardian Field Studies Consent Form For KEAT'S CAMP OVERNIGHT AND/OR OUT OF THE LOWER MAINLAND

Forms Due: THURSDAY, SEPTEMBER 14<sup>TH</sup> - BOX in the SCHOOL OFFICE or Homeroom Teacher

The purpose of this form is to inform you about a proposed field study involving your child, and to seek your support and permission for your child to participate. Field studies are part of the school program and they provide students with valuable learning experiences. However, should you not wish your child to participate in this activity, school staff will assign the student other learning activities at the school.

This is an important document. Please review its contents of this Consent and Acknowledgement of Risk section carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with the teacher before signing it.

### PROGRAM / ACTIVITY INFORMATION

Destination / Activity: <b>Grade 8 Retreat @ Keats</b>	Date(s): <b>Monday, September 25 - Wednesday, September 27, 2017</b>
Start Time of Activity / Program: <b>Point Grey, September 25, 2017 (7:30 am)</b>	Dismissal Time & Place: <b>Point Grey, September 27, 2017 (approximately 2:30 pm)</b>

Forms Due: THURSDAY, SEPTEMBER 14<sup>TH</sup> - BOX in the SCHOOL OFFICE or Homeroom Teacher

Series of Activities to be Undertaken (Specify Program): **Grade 8 Retreat Keat's Island General Program**

Purpose or Educational Goal(s): **Grade 8 Retreat**

Itinerary / Activities: **Outdoor games, leadership groups, and group activities**

Method of Transportation: **Charters** By: **Universal Bus Line and Harbour Cruises**

Educator in Charge: **Celeste Pante, Vice Principal**

Trip Supervisors Planned: **Celeste Pante, Davin Smith, Jean Baker, Sally Wong, Ryan Tanabe, Glenn Usselman, Dan Kramer, Ryan Fullerton, Mike Enns, Constable Deziel and at least 12 camp leaders**

Cost to the Student: **\$300.00** What to Bring: **See Packing List**

Other Considerations:

Behaviour Expectations: **Point Grey Secondary School Code of Conduct  
(this will be reviewed at the Grade 8 Student Assembly on Thursday, September 14, 2017)**

### SCHOOL RESPONSIBILITIES

The Board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity (ies) and group.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

### POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents/guardians all potential known risks of participation in the field study to ensure parents/guardians are providing informed consent. Safety issues and precautions which have been discussed with students should also be referred to. For example, if the students will be required to wear any specific safety equipment, such as goggles or helmets.

**Specific Safety Instructions (To be Completed by Sponsor Teacher)** Attach a Separate Sheet if Necessary

## CONSENT AND ACKNOWLEDGEMENT OF RISK

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

### (PLEASE PRINT CAREFULLY AND LEGIBLY)

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Student)

to participate in the field study described above.

I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Parent / Guardian Contact Numbers:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Comments (To be Completed by Parent / Guardian)

Please include any restrictions or limitations which would prevent your child from fully participating in this activity, or any other special concerns which Board staff should be aware of surrounding your child.

Note: Efforts to minimize costs have been made to support student participation. In accordance with Board policy *JN Student Fees, Fines and Hardship* no student shall be denied an opportunity to participate in an activity because of an inability to pay fees. Please contact the Principal if you have question or concerns regarding the amounts listed above.

**RSVP**

Please join us at our Parent Retreat Dinner & Information Meeting on:

**Thursday, September 14<sup>th</sup>, Cafeteria.**

**Rsvp for the dinner by Tuesday, September 12 to [pointgreypac@gmail.com](mailto:pointgreypac@gmail.com)**

Dinner: 6:00 pm    ▪    Information Meeting: 6:30 pm



# POINT GREY SECONDARY MEDICAL INFORMATION FOR FIELD STUDIES

The collection and retention of information requested on this form is authorized and governed by the British Columbia School Act and the Freedom of Information and Protection of Privacy Act.

**(PLEASE PRINT CAREFULLY AND LEGIBLY)**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last Name Called Name Month /Day / Year

Grade/Program: Grade 8 Retreat, Keats Island (Howe Sound) Sponsor Teacher: Celeste Pante, Vice Principal

BC Medical Services Plan Personal Health #: \_\_\_\_\_ Student School Accident Insurance:  Yes  No

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Alerts (please list):  
\_\_\_\_\_  
\_\_\_\_\_

Carries Epi Pen?  Yes  No Inhaler?  Yes  No Medical Alert Bracelet?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:  
\_\_\_\_\_  
\_\_\_\_\_

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies / Special Diets (please list):  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name(s):  
1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: \_\_\_\_\_  
Please Print Name Clearly

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.

Signature: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

