



January 8, 2024

Dear Parents/Guardians:

RE: Grade 1/2 Swimming Off-site Learning Activity

As part of the Physical Education and Wellness curriculum, students at Eric Harvie School will have the opportunity to participate in a modified swimming program at Sir Winston Churchill Aquatic & Rec Centre this year. Swimming not only encourages active, healthy living but will also foster growing independence, responsibility and personal safety for our youngest learners. ALL Grade 1/2 classrooms are scheduled during the week of **Jan.29 - Feb.1, 2023** for a total of 4 lessons at the pool. The lessons will be taught by certified swim instructors hired by the City of Calgary.

Dates: Jan.29-Feb.1, 2024

Location: Sir Winston Churchill Aquatic & Recreation Centre

1520 Northmount Dr. NW

Calgary, AB

Swim lessons are scheduled as follows:

9:00-9:40am (40min)

9:40-10:20am (40min)

10:20-11:00am (40min)

Itinerary:

Grade 1/2 A & B (Palmer/Campbell)	Grade 1/2 C & D (Disher/Pelton)	Grade 1/2 E & F (Day/Lloyd)
Depart school 8:20am Arrive at Pool 8:45am In Pool 9:00-9:40am Depart Pool 10:05am	Depart School 9:05am Arrive at Pool 9:25am In Pool 9:40-10:20am Depart Pool 10:45am	Depart School 9:45am Arrive at Pool 10:05am In Pool 10:20-11:00am Depart Pool 11:25am

Each double classroom will require 2-4 female and 2-4 male parent volunteers to help in the change rooms and transitioning from the bus into the pool / out of the pool and on to the bus. All parent volunteers must have a valid police clearance and a current annual volunteer form completed. A Signup Genius link will be set up for each double classroom for all 4 days at the pool.

Please send your child to school with their bathing suit on under their clothes, as well as a smaller separate swim bag with a towel and underwear in it. Do not forget to send goggles if your child needs them for swimming.

The fee to parents for this program and busing will be \$20 per student. The Eric Harvie Enhancement Society will also pay around \$17 per student towards the overall cost. Payment is accepted online only and can be made through your "MyCBE" account. CBE Administrative Regulation 3027 also states that every child should be able to participate regardless of the ability to pay these fees. Please contact the school office for more information on financial waivers for fees.

Mrs. Watterson and the classroom Teachers will be supervising the off-site activity together with parents during the bus ride, in the change rooms and from the side of the pool. The City of Calgary staff will be supervising in the pool.

You are asked to complete the attached Consent and Acknowledgement of Risk form if you consent to your son/daughter attending this off-site activity. If your child is unable to participate in this activity, they will participate in an alternative activity at the school. Information about off-site activities with the Calgary Board of Education as well as the administrative regulations governing these forms can be found at <https://www.cbe.ab.ca/GovernancePolicies/AR3027.pdf>.

While some degree of risk is always associated in all school off-site activities, I have outlined specific areas of concern on the Consent and Acknowledgement of Risk form.

Please fill out all the attached forms and return to your teacher no later than **Tuesday, Jan.16, 2024**. The City of Calgary asks for us to complete a separate swimming ability form for creating the groups, please accept our apologies that this creates two different swimming ability forms to complete.

Thank you in advance,

Natalie Watterson
Physical Education and Wellness Teacher
Eric Harvie School



Swimming Ability Request Swim to Survive

R 1783 (2023-08)

The City of Calgary is proud to offer the Lifesaving Society **Swim to Survive** program, offering students critical self-rescue skills, stroke development and the ability to make safe choices near water. The Lifesaving Society defines the minimum skills needed to survive an unexpected fall into deep water as: roll into deep water, tread water for one minute and swim 50m. Learning the three self-rescue skills taught in **Swim to Survive** is an important first step in being safe around water.

Parents/guardians are asked to complete the following information regarding the swimming ability of their child. This information is to provide the best placement for your child in a swim class to their swim ability.

An evaluation of participants will occur on the first day of lessons. This is to ensure your child is placed in a level appropriate to their swimming ability for their personal safety and so that they may experience success.

Student Name: _____ School: _____

Age: _____ Teacher: _____

Comfort level around water (select one): ☐ Not comfortable ☐ Comfortable ☐ Very comfortable

Swimming ability (select one):

- ☐ **Non-swimmer** – No swimming experience AND has never taken lessons.
- ☐ **Beginner** – Some water experience and can comfortably put their whole face in the water.
- ☐ **Intermediate** – Can support themselves in deep water for one minute and can swim a length of the pool.
- ☐ **Advanced** – Can support themselves in the water and swim many lengths in the pool.

When was the last time your child participated in swim lessons? (Date/Year): _____ ☐ Never

What was the last Swim for Life Level attended? (e.g., Preschool 1, Swimmer 2): _____

Has your child participated in other swim programs such as Red Cross, YMCA, etc.? (Indicate the program name and swim level completed): _____

Please indicate any specific special needs or disabilities that we should be aware of (e.g. asthma, injuries, attention difficulties, ESL, etc.):

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____



Consent of Parent, Guardian or Independent Student and “Acknowledgement of Risk”: “A” or “B” Off-Site Activity/ies

PLEASE READ CAREFULLY

STUDENT NAME: _____

SCHOOL: Eric Harvie 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 referred to in Schedule B.

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, 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.

Consent and Acknowledgement of Risk

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.

Signature: (Parent/Guardian or Independent Student)

Print Name

Contact Telephone Number

Date

Schedule A

IMPORTANT - Medical Information

Medical Information: (Teacher will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.) Can be typed or handwritten - MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

Activity: Swimming, Swimming, Swimming, Swimming	Date(s): 29/01/24, 30/01/24, 31/01/24, 01/02/24
Student Name:	
Date of Birth (yy/mm/dd):	

Drug Allergies?	☐ No ☐ Yes Specifics/Severity:
Food Allergies?	☐ No ☐ Yes Specifics/Severity:
Insect Allergies?	☐ No ☐ Yes Specifics/Severity:
Other Allergies?	☐ No ☐ Yes Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	☐ Yes ☐ No	If "yes", please elaborate. Include activities to be restricted or modified.
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Please fill out the medication names and details for administering them: (if more space is required please attach additional 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)? If "yes", please describe: _____

Does the student have any psychological or emotional problems? If "yes", please describe: _____

Are there any recent injuries to be concerned about? If "yes", please describe: _____

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____

Emergency Contact 1:

Name: _____

Home: _____

Mobile: _____

Work: _____

Emergency Contact 2:

Name: _____

Home: _____

Mobile: _____

Work: _____

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, 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.

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 with an "X":

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

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/ non-prescription) 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.

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 off-site 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 off-site activity or trip, I release the CBE and any off-site 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.

Date

Name (please print)

Signature (Parent/Legal Guardian/Independent Student)

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 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 or Corporate Risk Management at (403) 817-7404.

CAN: 20964904.3

Schedule B: Program/Activity Information

Teacher In Charge:	Watterson, Natalie D
Service Provider(s):	

Activities

Activity	Location/Destination	Departure (dd/mm/yy)	Return (dd/mm/yy)
Swimming	Sir Winston Churchill Aquatic and Recreation Centre 1520 Northmount Dr. NW Calgary, AB	29/01/24	29/01/24
Swimming	Sir Winston Churchill Aquatic and Recreation Centre 1520 Northmount Dr. NW Calgary, AB	30/01/24	30/01/24
Swimming	Sir Winston Churchill Aquatic and Recreation Centre 1520 Northmount Dr. NW Calgary, AB	31/01/24	31/01/24
Swimming	Sir Winston Churchill Aquatic and Recreation Centre 1520 Northmount Dr. NW Calgary, AB	01/02/24	01/02/24

Risks/Hazards

Source	Risk
Transportation - Vehicle	Mechanical failure
Transportation - Vehicle	Driving Conditions/Factors
Transportation - Vehicle	Delay
Transportation - Vehicle	Accidents
Transportation - Vehicle	Theft
Entire trip	Slips, trips and falls
Entire trip	Getting lost or separated from the group
Entire trip	Pre-existing medical conditions
Entire trip	Weather conditions
Entire trip	Possibility of a student being filmed or photographed
Entire trip	Exposure to infectious diseases (eg. COVID-19 virus, SARS, MERS, influenza)
Swimming	Drowning
Swimming	General public in change rooms
Swimming	Inherent risks of water
Swimming	Slips, trips and falls on deck
Swimming	Waterslide(s)



Parents/guardians: Please complete the following information regarding the swimming ability of your child and return it to the Teacher-in-Charge. CBE staff and the Service Provider will use this information to best ensure the safety of the students during the program. CBE policy states that swimming is only allowed in a lifeguard supervised pool or beach.

Student Name: _____ Age: _____ Home Room #: _____

School: _____ Teacher: _____

Comfort level around the water: ☐ Not comfortable ☐ Comfortable ☐ Very comfortable

Swimming Ability

- ☐ **Non-swimmer** – Cannot support themselves in deep water
- ☐ **Novice** – Can support themselves in deep water and is capable of moving short distances (less than 5 meters)
- ☐ **Intermediate** – Can support themselves in deep water for several minutes and can swim a length of the pool
- ☐ **Advanced** – Can support themselves in the water and swim many lengths of the pool

Select the highest level of formal swim training your child has completed:

- ☐ **Lifesaving Society – Swim for Life**
 - ☐ Preschool 1 ☐ Preschool 2 ☐ Preschool 3 ☐ Preschool 4 ☐ Preschool 5
 - ☐ Swimmer 1 ☐ Swimmer 2 ☐ Swimmer 3 ☐ Swimmer 4 ☐ Swimmer 5 ☐ Swimmer 6
- ☐ **YMCA – Li'l Dippers, Learn to Swim and Star Program**
 - ☐ Bobbers ☐ Floaters ☐ Gliders ☐ Divers ☐ Surfers ☐ Dippers
 - ☐ Level 1 – Otter ☐ Level 2 – Seal ☐ Level 3 – Dolphin ☐ Level 4 – Swimmer
 - ☐ Star 1 ☐ Star 2 ☐ Star 3 ☐ Star 4 ☐ Star 5 ☐ Star 6 ☐ Star 7
- ☐ **Red Cross or other swim program name and level completed:** _____
- ☐ **I am unsure of the last swim level my child has completed.**
- ☐ **My child has never taken swim lessons before.**

Comments/other information about this activity that would be important for the Teacher-in-Charge and/or Service Provider (swimming instructor) to know (please use the back of this page for more space if necessary):

Name of Parent/Guardian: _____
(Please print)

Signature of Parent/Guardian: _____ Date: _____
(YYYY/MM/DD)

Personal information is collected under the authority of Alberta's Freedom of Information Protection of Privacy Act (FOIP) and the School Act. This information will be used to assess the suitability of a proposed off-site activity for your child 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 or Off-Site Activities at 403-817-7241.