



Thursday, October 14, 2010

Re: Grade 10 Trip to “Where the Poppies Blow,” Beechwood Cemetery

Dear Parents/Guardians,

On November 9th, your daughter’s Canadian History class has been invited to a unique event sponsored by Veteran Affairs. Salamander Theatre for Young Audiences will be performing their theatrical presentation called “Where Poppies Blow.” This play explains the realities of battles and chemical warfare that Canadian soldiers endured during the First World War in Europe. The play is taking place at Ottawa’s impressive setting of Beechwood National Military Cemetery using the new building, Sacred Space which is nine-sided multi-faith worship facility.

The trip will depart from Elmwood on November 9th at 1:15pm and return to school at 4:00pm. Specific details of what the students should bring will be outlined during class. There is no charge to each student but we ask that each student bring a donation to provide to the Veterans Affairs fund. Students must wear their number one uniform.

Please complete and return the form attached expressing commitment to having your daughter participate in the trip. If you are interested in being a parent volunteer for this trip, please email Ms. Grass or Mrs. Bradley.

If you have any questions or concerns about the trip, please do not hesitate to contact Ms. Grass – jgrass@elmwood.ca

Sincerely,

Jessica Grass
Humanities IL

Gretta Bradley
Curriculum Coordinator /Humanities Teacher



Elmwood School Parent/Guardian Consent and Release Form (Day)
for Excursion to Beechwood Cemetery

Date of Trip: Nov 9th

Departure: 1:30pm Return: 3:45pm

Destination: Beechwood Cemetery

** In the case of joint custody, BOTH parents must sign this Consent/Release form **

MEDICAL INFORMATION and EMERGENCY CONTACT INFORMATION

Student: _____ Birth Date: _____
Month Day Year

Family Doctor: _____ Phone: _____

Medical Condition(s): _____

Medication(s): _____

Allergies: _____

Ontario Health Card Number: _____

Emergency Contact: _____ Phone: _____

CONSENT TO PARTICIPATE & TERMS OF PARTICIPATION

By my signature below, I give my daughter of SLG/Homeroom _____ permission to attend the Beechwood Cemetery Theatre production Nov 9th, 2010.

I understand that all of Elmwood School's rules and policies (see Handbook) as well as any rules and directives established by those leading the trip remain in full force and effect for the duration of the trip.

By my signature below, I acknowledge and agree that I am solely responsible for any costs arising out of my daughter's breach of any of Elmwood School's rules and policies and/or any rules and directives established by those leading the trip and the resultant disciplinary actions, if any, whether occurring prior to or during the trip.

By my signature below, I further acknowledge and agree that in the event that my daughter breaches any of Elmwood School's rules and policies and/or any rules and directives established by those leading the trip while on the trip, Elmwood School may in its absolute discretion require that my daughter immediately return home and any expenses related to such a return (including without limitation travel, including travel of an adult to accompany my daughter, and any outstanding trip expenses) will be my sole responsibility.

RELEASE AND INDEMNITY

In consideration of my daughter being permitted to participate in _____ Beechwood Cemetery Theatre production ("the trip"), I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, agree as follows:

I acknowledge and accept that participation in the trip may expose my daughter to unspecified risks and hazards, which are inherent in such trips, including without limitation, the method of transportation for the trip, all of which I expressly and voluntarily assume.

Furthermore, I acknowledge and accept that my daughter will not be under the direct supervision and control of Elmwood School staff or other trip volunteers at all times during the trip. As such, I agree that the conduct of our daughter during unsupervised times and any consequences flowing from such conduct is solely the responsibility of my daughter. [Note: include this paragraph only if activity is "on-site supervision" or "in-the-area supervision" activity.]

By my signature below, I do for myself, my daughter, my spouse and our respective heirs, executors, administrators, successors and assigns, hereby RELEASE, WAIVE AND FOREVER DISCHARGE Elmwood School Inc. and its respective officers, partners, agents, employees, servants, representatives, successors and assigns ("the Releasees") OF AND FROM any and all actions, causes of actions, complaints, demands and claims whatsoever in existence prior to on or after the date hereof whether in law or in equity, in respect of death, injury, loss or damage to my daughter's person or my person or property HOWSOEVER CAUSED, arising or to arise by reason of my daughter's participation in the activities contemplated herein except to the extent that same are directly caused by the gross negligence of Elmwood School Inc. or its respective officers, partners, agents, employees, servants, representatives, successors and assigns. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my daughter's participation in the activities contemplated herein.

By my signature below, I also agree and undertake not to make any claim or take any proceedings against the Releasees set out above, or any other person or corporation which might claim contribution or indemnity under the provisions of any statute or otherwise from the Releasees set out above.

EMERGENCY MEDICAL CONSENT

In the event of an emergency, Elmwood School requires parental consent in order to consent to the medical treatment or surgery of the student. Elmwood School will use reasonable efforts to contact the parent(s) prior to consenting to medical treatment for the student and the parent(s) acknowledge and agree that the need for an immediate decision regarding medical treatment for the student may make such contact impossible.

Accordingly, I, by my signature below, hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to act in loco parentis and in that capacity to consent to medical treatment or surgery for the student based on the advice of the attending physician who considers immediate medical treatment or surgery to be a necessity.

In addition, by my signature below, I hereby authorize and give my express consent to the Head of Elmwood School, or her delegate, to seek and obtain any and all medical interventions that may be reasonably required to ensure the safety and well being of my daughter while on the trip.

I have read all of the foregoing carefully and by my signature agree to be bound by all aspects of the foregoing.

Parent Name: _____ Date: _____

Parent Signature: _____

Parent Name: _____ Date: _____

Parent Signature: _____

Please return this form to Ms. Bradley or Ms. Grass by Oct 27th, 2010.