Re: Canoe Program

Dear parents and guardians,

The Nootka Sound Outdoor Program will offer canoe activities on **Thursday, October 1st.** All the safety gear and PFDs will be provided by NSOP. Mr. Parkes will work with other teachers and supervisors to support small groups of students for 1-2 hours around Zeballos Bay and Estuary (close to the shoreline). We will leave school and launch from the government dock. Note that each session will take place within regular school hours so students should come to school as usual. Please ensure your son/daughter is outfitted adequately so they can enjoy the experience rain or shine.

Please make sure your child has warm clothes and a rain jacket. Please see your teacher should you need any clothing. Please complete and return the permission/medical form by Monday, September 28nd. Don't hesitate to contact us should you have questions. We look forward to a safe, fun, and active time outdoors!

Kindest Regards,

Mr. Parkes

Canoe Trip Clothing and Gear Checklist

Gear

- Full water bottle (1 liter)
- High energy snacks
- Medications (if student requires them)

Clothing (bring clothes that can get dirty!)

- Rain jacket with hood
- Shoes that can get wet and another pair of sneakers for walking.
- Warm sweater, fleece or jacket (down)
- Gloves/mits, toque
- Sun screen, sunglasses, sun hat (weather dependent)
- Change of clothes in case of getting wet.

Known Potential Risk

Canoeing

Students will be prepared with PFDs and safety instructions. Supervisors will carry a whistle and sound it when signaling group. Mr. Parkes is certified with Paddle Canada. Sessions will be done in small groups (6 max) where students will be supported by two chaperone. Our group will not be far from shoreline at any point. Potential risks involved:

Known potential risks:

- Injuries related to vehicle crashes in route to and from activity area;
- Becoming lost or separated from the group or the group becoming split up;
- Injuries related to slips, trips and falls;
- Injuries related to collisions with movable (e.g., other boats or paddles) or immovable (e.g., rock) objects;
- Injuries related to capsize of craft or falling out of craft;
- Injuries related to equipment malfunction or becoming tangled in apparatus (e.g., foot snag in cord to bailer);
- Hypothermia/hyperthermia due to insufficient clothing and/or hydration;
- Allergic reactions to natural substances in the outdoor environment (e.g., bee or wasp
- stings);
- Motion sickness when on large wavy bodies of water (lakes, ocean);
- Drowning or near drowning; and
- Other risks normally associated with participation in the activity and environment.

NOOTKA SOUND OUTDOOR PROGRAM
Canoe Program
CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

To the Host Parents (s)/Guardian(s) of: _____ _____ School: **ZESS**

Please read the contents of this Consent and Acknowledgment of Risk form. Clarify any questions or concerns with ***Mr. Barber*** *BEFORE signing it.* ******This form must be returned to the office by: Monday September 28th .***

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: **Canoe program – Zeballos Bay and Estuary**
Dates: Thursday, October 1st **. Students will be divided into groups and participate in 1–2-hour sessions. The activity will occur during the regular school day. S.**

PURPOSE: **Outdoor education, teamwork, canoe skills**

ITINERARY/ACTIVITIES: **Safety lesson, Canoeing**
TRANSPORTATION: **Transit Van** BY: **Mr. Parkes**
Supervisor In Charge: **Mr. Parkes** Other supervisors: **(chaperones may change depending on school needs that day but we will have 2 adults min. for this activity.** TOTAL NO. OF SUPERVISORS PLANNED: 2, **Min. adult to student ratio of 1:6**
SUPERVISORY ARRANGEMENTS: **Everyone will canoe together**
WHAT TO BRING: **snacks, warms clothes, water, rain jacket .**
CONSIDERATIONS: **Please ensure your son/daughter is outfitted adequately so they can enjoy the experience rain or shine.**

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:
a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
b. The students are adequately supervised over all aspects of the program/activity.
c. The location(s) used are appropriate and safe for the activity(ies) and group.
d. Equipment used has been inspected and deemed appropriate and safe.
e. A Safety Plan is in place to identify and manage known potential risks.
f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: **" Known Potential Risks" on attached sheet**

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: **Canoe Program** **Date: Thursday October 1st, 2026**

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. 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 providers administrators, instructors, and supervisors over all phases of the program/activity.
5. 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 and I will be responsible for any costs associated.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
8. 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.
9. Based on my understanding, acknowledgment, and consents as described herein, I agree that

(Name of Student) _____ (Date of Birth) _____ has my permission to participate.

Date: _____ Name (*Please print*): _____ Signature: _____

Has your parent/guardian contact information changed **Y / N,** if yes provide new telephone # _____

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

NOOTKA SOUND OUTDOOR PROGRAM
Canoe Program
CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:
_____

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No
Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or su
chronic conditions, phobias, etc.). Be specific:
_____

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

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):
_____

Other Health/Medical/Dietary Concerns:
_____

Emergency Contacts:
1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____ Signature _____

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