



Shawnigan E.D.G.E. Leadership

~ Peter Yates ~

ph: (250) 743-6467

fx: (250) 743-6200

e:mail: pdy@sls.bc.ca

May 11, 2009

Re: Grade 8 & 9 OuterEDGE Program Risk Management

Dear Parent/Guardian,

The purpose of this letter is to apprise you of the risk management plan pertaining to the School's OuterEDGE camping and hiking program planned for late June. (Note that this is separate from the blanket activity consent form that was sent out last summer.)

Safety considerations are always our first priority in planning and leading activities, especially because part of the appeal and success of the OuterEDGE Program depends on its experiential nature and its inherent risks (eg. hypothermia, hyperthermia, sprains, fractures). Risk factors include, but are not limited to, the following:

Many of the activities, particularly the hiking, take place in a backcountry setting which may hamper and delay assistance in the event of an emergency.

The weather can be unpredictable and severe.

The natural environment contains many unfamiliar dangers, such as those associated with slippery footing, cold water and unmarked precipices.

There may be encounters with wild animals (bears, cougars, racoons, wolves).

Food preparation will be done by students.

Proper staffing, planning, and supervision are the School's primary means of addressing and mitigating the risks associated with the OuterEDGE Program.

If you are satisfied that you fully understand the nature of the OuterEDGE Program, please sign and return the attached form at your earliest convenience. If you have any questions or concerns about particular activities, please contact me at the school (250) 743-6467 or by e-mail pdy@sls.bc.ca.

Yours truly,

Peter Yates
EDGE Leadership

Shawnigan Lake School OuterEDGE Program

→Fax: (250) 743-6200

I have discussed the risks and expectations of the OuterEDGE activities with my child/charge, and have confidence that my child/charge understands them. I have read this agreement at my leisure, and understand the nature of its intent and its contents as well as the outline of the activities provided to me. I am now prepared to allow my child/charge to proceed with these activities.

Please permit my child/charge the opportunity to participate in these activities.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____

Please list any special medical requirements your child/charge has which are above and beyond those conditions you have already outlined to the Health Clinic.

Medical History

Allergies

Conditions (such as asthma, diabetes, etc.)

Medications

Current Injuries:

Your signature on this form is required in order to ensure that you, as the parent or guardian of the above named child, are conversant with the details of this program and aware of possible hazards. The medical history is required so that staff can take every possible precaution for your child's health. The School may disclose this personal information to others such as outside specialized service providers (eg. a kayaking company) if it is deemed a necessary precaution. Safeguarding personal information is a fundamental concern of Shawnigan Lake School. The School does not sell, lease or trade information about you to other parties and is committed to meeting or exceeding the privacy standards established by British Columbia's Personal Information Protection Act (PIPA) and any other applicable legislation. A full copy of the School's Privacy Policy is available from the Business Office.