

CHECK LIST

Dear Parents:

Please take the time to carefully read all enclosed documents. We have provided a checklist for your convenience. Please complete and return all forms by August 1st.

If you have any questions, please do not hesitate to contact the School.

Thank you in advance.

- Home Lake Caves Consent Forms (2)
- Acknowledgement of Risk – Informed Consent Form
*please see separate **link**, “Risk Management Package Information” for detailed information*
- Special Dietary Requirements
- E-mail Contact and Release of Records
- Transportation Details for Air Travel
- School Publications / Advertising Consent Form
- Credit Card Authorization (*optional*)
- Society of Shawnigan Lake School (*optional*)
- Shawnigan Parents’ Association Directory *release of information (optional)*

Shawnigan Lake School
1975 Renfrew Road
Shawnigan Lake, BC V0R 2W1

Phone: 250 743 5516
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Email: rtaylor@shawnigan.ca
Website: www.shawnigan.ca



Parental Consent Form



Student's Name _____ Age: _____

School : _____ Teacher _____

The purpose of this document is to ensure that persons under the age of 19 have permission from their parent or legal guardian to participate in the various Outdoor Centre Programs conducted by Island Pacific Adventures Ltd. It is also designed to provide some information regarding the hazards and risks that are present when these programs are conducted, in order to help parents make informed decisions regarding their child's participation.

The following programs are conducted by Island Pacific Adventures Ltd. Since 1988, we have been providing quality Outdoor Education programs to hundreds of schools. Our staff of professional guides and instructors have been selected for their experience in the outdoors and ability to provide each participant with an outstanding educational experience in a natural outdoor setting. Our attention to detail in risk management and staff training contribute to our excellent safety record.

Your child may be participating in some or all of the following activities :

- Horne Lake Caves Tour Hiking Canoeing
- Rock Climbing / Rappelling Wilderness Skills Games
- Low Ropes Challenge Course Evening Campfires Overnight Camping

These programs will be conducted rain or shine. It is important that students dress for the outdoors and be prepared for any weather. This means dressing in layers that can be added to or removed depending on the conditions. Fleece or thick sweaters on top of a T-shirt / sweatshirt and long pants will be adequate. Don't forget to include rain gear, a hat, sunscreen, gloves, and any medication your child may require. Immersion in water is not intended but is a possibility, so please include a complete change of clothes including shoes and socks.

Whenever these types of outdoor activities are conducted, there are natural hazards and risks. In addition to the usual risks, dangers and hazards usually present in outdoor activities, programs may involve additional risks, dangers and hazards, such as :

- changing weather conditions such as wet, icy, or slippery conditions that may result in falls;
- climbing on steep or vertical slopes that may result in falls or falling rock;
- immersion in water that may result in hypothermia or drowning;
- travel through forest environments which may result in injury from trees, branches, sticks, etc;
- activities near and travel on back country roads which have vehicle traffic;

"I am aware of, and understand the risks, dangers and hazards associated with these programs. In consideration of this, I hereby give permission for my child to participate in these programs."

Parent's Signature _____ Date: _____ Mo. _____ Yr. _____

I would like to receive the quarterly e-newsletters from Horne Lake Outdoor Centre.
My email address is:

PLEASE FILL OUT AND SIGN THE MEDICAL INFO SHEET ON THE OTHER SIDE!

Horne Lake Medical Information Form



This form is intended to gather information that may be used by our guides to better instruct the participant and react appropriately to any emergency which may arise. This information is strictly confidential and not intended to deny participation in any activity.

Name of Participant : _____

Date of Birth : _____ Medical Card # : _____

Physician : _____ Clinic Tel. # : _____

Do you have any allergies or have you ever had a severe allergic reaction? Yes ___ No ___

If "YES" please describe what causes reaction, what happens, medications you take or carry for the condition, and their expiry dates:

Please detail any / all medical issues that might affect your ability to participate in the activity or would affect first-aid treatment: (asthma, diabetes, prev. injury, heart condition)

Please list any medications, prescription and non-prescription, that you are taking. We need the name of the medication, reason it is taken, and instructions for frequency / dosage:

Will you be carrying this medication with you on the trip? YES _____ NO _____

EMERGENCY CONTACTS:

1st choice name : _____ Relationship : _____

Home Phone : _____ Work Phone : _____

1st choice name : _____ Relationship : _____

Home Phone : _____ Work Phone : _____

CONSENT FOR MEDICAL TREATMENT OF AN UNDERAGE PARTICIPANT

"I hereby give permission to a representative of Island Pacific Adventures Ltd. to arrange for any medical treatment required by my child or ward while he / she is under our care".

Parent / Legal Guardian Signature

Date

Please fill out the Consent Form on the other side!



Shawnigan Lake School

For details, please read the separate [link](#) “Risk Management Package Information”

**Informed Consent Form
For the Academic Year 2011- 2012**

I have discussed the risks and expectations of these activities with my child/charge, and have confidence that my child/charge has understood them. I have read this agreement at my leisure, understand the nature of its intent and its contents as well as the outline of the activities provided to me as an attachment to this Informed Consent Form. I am now prepared to allow my child/charge to proceed with these activities as they wish.

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

Student’s Name: _____
(Please Print)

Parent Signature: _____

Date: _____

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 the proposed activity and aware of possible hazards. Until this form is received by the School, your child(ren) may only be allowed limited participation in some activities.

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.



CONSENT FOR E-MAIL CONTACT AND RELEASE OF RECORDS

Child/ren(s) name: _____
(print please)

Parent/Guardian name: 1) _____
(print please)

2) _____

Signature: 1) _____ 2) _____

Consent for e-mail contact:

Yes No

I/we agree that all medical information regarding my child/ren may be sent to me by e-mail with the understanding that in the event of serious illness and/or injury every effort will be made to contact me/us by phone.

Consent for release of records:

Yes No

I/we give our consent for the release of my child/rens' immunization records to the Public Health Department of the Vancouver Island Health Authority in the event of a communicable disease outbreak.

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TRANSPORTATION DETAILS FOR AIR TRAVEL 2011-2012



STUDENT'S NAME: _____

PARENT CONTACT #: _____

Please select one of the following options:

OPTION 1 – Yes, I would like to book airline tickets myself.

If you choose to book your child's airline tickets yourself, please follow the criteria outlined below:

Flights must be booked in accordance with the School's schedule. If you are booking outside the established schedule, you are required to obtain "Early Leave" permission from Mrs. Kingstone, Deputy Head.

Please allow a minimum of 2 1/2 hours for travel from Shawnigan to the airport. This will facilitate actual travel time and check-in. (International flights will need approx. 3 hours.)

In order to schedule transportation to or from the Victoria Airport, an email (or fax) copy of a student's flight itinerary must be sent to the Transportation Department **TWO WEEKS** prior to the travel dates.

Flights arriving at the Victoria Airport should arrive no later than 7:00 pm in order allow for travel time to the School.

OPTION 2 – Yes, I would like to take advantage of the Shawnigan Lake School Flight Booking Service.

Shawnigan Lake School, in partnership with Duncan Hill Travel, offers a flight booking service that will provide:

Economic fares for flights that coordinate with the School's Leave Schedules and Policies.

Automatic scheduling of ground transportation to/from the airport.

An email copy of your child's itinerary sent to your email address once bookings are made.

the opportunity to use your own air miles schemes for the flight booking (due to privacy issues, your permissions must be provided to Hill Travel to give them access to your files).

Please complete and return this form along with the Credit Card Form, also included in this Package, as soon as possible. Thank you!

SCHOOL BREAK	DATES	RECOMMENDED TIMES	PLEASE INDICATE	CITY, COUNTRY & AIRPORT
Thanksgiving	Oct 7/11	12:00 pm (departing flights 2:00 pm, or later)	<input type="checkbox"/>	to: _____
	Oct 10/11	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Fall Mid-Term	Oct 28/11	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	Nov 6/11	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Christmas	Dec 16/11	9:00 am	<input type="checkbox"/>	to: _____
	Jan 4/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Ski-Week at Manning Park, BC	Jan 29/12 – Feb 3/12			
Winter Mid-Term (Leaving from Manning Park)	Feb 3/12	2:00 pm IMPORTANT: flights to depart from Vancouver or Abbotsford	<input type="checkbox"/>	to: _____
	Feb 7/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Spring Break	Mar 9/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	Mar 25/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Easter Break	Apr 5/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	Apr 8/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Spring Mid-Term	May 17/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____
	May 21/12	7:00 pm (arrival time into Victoria Airport)	<input type="checkbox"/>	from: _____
Closing Day	Jun 23/12	4:00 pm (departing flights 5:00 pm, or later)	<input type="checkbox"/>	to: _____

**Provincial Exams for Grade 10 Continue through Jun 22/12 & Grade 12 Optional Exams Continue through Jun 28/12*

If you prefer West Jet please check here

If you have questions regarding student travel, please feel free to contact us!

Sharlene Quinn, Transportation Manager

Cindy Jones, Duncan Hill Travel

Phone: (250) 743-6217 Email: transportation@shawnigan.ca

Phone: (250) 748-0391 Email: cindy-duncanhill@shaw.ca

SCHOOL PUBLICATIONS / ADVERTISING CONSENT FORM
2011 / 2012



Dear Parent/Guardian,

Shawnigan Lake School continues to work hard to comply with all applicable privacy rules and regulations established by both the Provincial and Federal Governments, including the B.C. *Personal Information Protection Act*, while at the same time providing our School community (parents, students, alumni, etc.) with information about the myriad activities and accomplishments of our students.

Our students are the greatest representatives we have. As you may already be aware, photographs and videos featuring students are used throughout our promotional materials (such as the prospectus and website) and in newsletters and other publications produced by the School. They may also be used in advertisements placed in newspapers and magazines, and in other web and print publications. In addition, we want the general public to be aware of notable awards and achievements; in most cases this requires us to send out press releases and to contact the media to inform them of such things.

Should the opportunity arise to feature the accomplishments of your son/daughter, we would like your permission to use photographs and videos that include your child in any or all of the above-mentioned ways. Rest assured that the focus of all promotional materials and publications is in celebrating the achievements of our fine students.

Please fill out and return the consent form below.

YES I consent to having photographs or videos that include my child published by Shawnigan Lake School as described above.

NO I do not consent to having photographs or videos that include my child published by Shawnigan Lake School as described above.

STUDENT NAME:

PARENT/GUARDIAN NAME:
(PLEASE PRINT)

**PARENT/GUARDIAN
SIGNATURE:**

DATE:

(Please Note: Should we ever wish to use both your child's name and photograph together, such as in an advertisement for an Admissions' presentation in a particular town or city, or in a news release, both the parents' and student's express permission will be sought).

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SOCIETY OF SHAWNIGAN LAKE SCHOOL



APPLICATION FORM FOR PARENTS OR GUARDIANS

The purposes of the Society are:

To govern and administer Shawnigan Lake School, founded by Christopher Windley Lonsdale and now being at Shawnigan Lake on Vancouver Island in the Province of British Columbia, as a school for the education of boys and girls.

To maintain the School as a fabric founded to endure in all future time and ordered to the intent that it shall exercise a continuing influence upon the lives of the pupils and so contribute towards the welfare of Canada, preserving in all things the principles of the Christian faith as professed and taught in the Anglican Church of Canada.

To support the Shawnigan Lake School Foundation, provided that it continues to be a "qualified donee" as that term is defined in the *Income Tax Act*, R.S.C. 1952, c. 148 as amended heretofore or hereafter, by transferring property or any interest in property to the Shawnigan Lake School Foundation or to any endowment fund held by the Shawnigan Lake School Foundation.

The operations of the Society are to be carried on chiefly at Shawnigan Lake aforesaid. This provision is alterable.

CHILD'S NAME: _____ YEAR OF GRADUATION: _____

I believe that I am eligible for membership by reason of being the parent or guardian of one or more persons who has been or is a pupil at the School, provided membership in the Society shall terminate five years after the pupil's graduation date (as designated by the School) subject to my right to reapply for membership. I hereby apply for membership in the Society of Shawnigan Lake School and, if accepted, I agree to pay the membership fee, if any, from time to time determined by the Board.

My full name is (Dr., Mr., Mrs., Ms. Miss): _____

My full resident address is: _____

_____ Postal Code: _____ E-mail: _____

Telephone: Res. (____) _____ Bus. (____) _____ Fax. (____) _____

Date: _____ Signature: _____

(When the first applicant is a parent or a guardian of a present or past pupil – his or her spouse may also be eligible for membership and may apply below. To be eligible, the second applicant must be or have been the parent or guardian of a pupil at Shawnigan Lake School.)

I believe that I am eligible for membership by reason of being the parent or guardian of one or more persons who has been or is a pupil at the School, provided membership in the Society shall terminate five years after the pupil's graduation date (as designated by the School) subject to my right to reapply for membership. I hereby apply for membership in the Society of Shawnigan Lake School and, if accepted, I agree to pay the membership fee, if any, from time to time determined by the Board.

My full name is (Dr., Mr., Mrs., Ms. Miss): _____

My full resident address is: _____

_____ Postal Code: _____ E-mail: _____

Telephone: Res. (____) _____ Bus. (____) _____ Fax. (____) _____

Date: _____ Signature: _____

The foregoing information is collected so that the School may from time to time send notices of general or special meetings of the Society (by mail for by e-mail), notification of other matters of interest, general administrative activities of the School and for alumni relations and fundraising purposes. This information will be held on file until such time as you cease to be a Member of the Society. Other information may be gathered during your time as a Society Member. 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.



Shawnigan Lake School Parent Directory

Please submit this form once only. Contact us if you wish to be removed from the Parent Directory, otherwise, your information will remain for the duration of your son/daughter's Shawnigan Lake School career.

STUDENT NAME: _____

In an effort to facilitate communication between and among current parents, the School has established a Parent Directory on the password protected intranet. The information found there may be used also by members of the Shawnigan Parent Association (SPA) Executive committee in order to communicate with you about events at the School or to contact you about volunteering at a school function.

The Directory only includes the following contact information that you have already provided for the School:

- Your name
- Your spouse's name
- Your son/daughter's name, House, and graduating year
- Current address (place of residence)
- Preferred contact number (either home, cell or both)
- Email address

Due to privacy laws, we must obtain your permission to include this information in the Directory. If you consent to the inclusion of the above information in the online Shawnigan Lake School Parent Directory for the above stated purposes, please sign in the space provided below.

Please note that in giving your consent, you are agreeing not to share this information or use this information for any purposes other than communicating with current Shawnigan Lake School parents.

Sincerely,
Trish Letient
President
Shawnigan Lake School Parents' Association
July 2011

I consent to having my personal information included in an on-line directory of current parents.

Parent Name *(Please Print)*

Parent Name *(Please Print)*

Parent Signature

Parent Signature

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