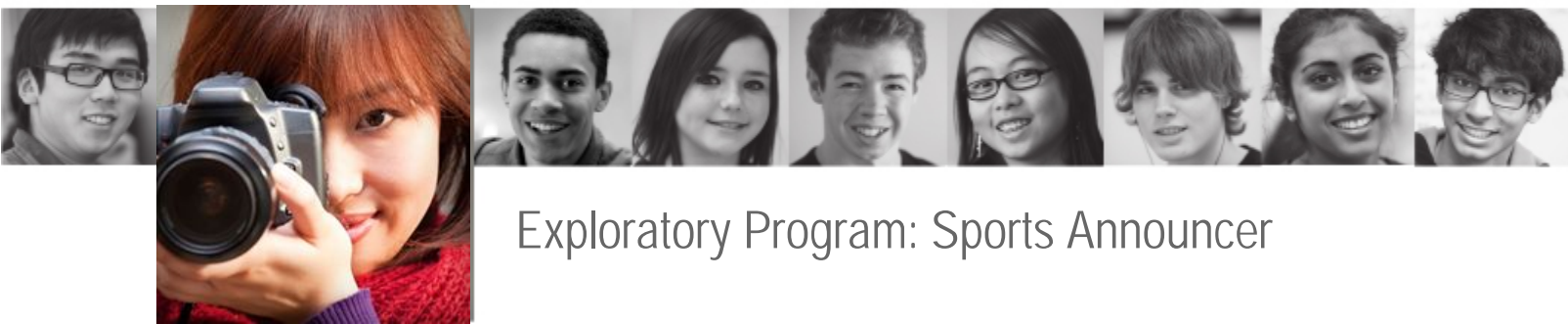


# high school success



## Exploratory Program: Sports Announcer

### contact

Sonya Gillis  
e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)  
t | 403-817-7516

### website

[http://www.cbe.ab.ca/programs/  
program-options/exploring-  
career-choices](http://www.cbe.ab.ca/programs/program-options/exploring-career-choices)

### what?

- Learn about the craft of public address announcing and emceeing
- Showcase your speaking and improvisational skills at sporting events and school functions
- Mentored by News Talk Radio Broadcaster and Calgary Hitmen game-day host Joe McFarland
- Earn high school credits in Off-campus Education

### who?

- Open to CBE high school students with the following qualities, skills and attributes:
  - a passion for public speaking, improvisation, and performing with an audience in mind
  - punctual and reliable, strong communication and preparation skills, and strong interpersonal skills
  - enjoy collaborating and creating with others

### when?

- 8 month exploratory program, from September 2018 to March 2019
- Please send your completed application form to Sonya Gillis [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) by September 14<sup>th</sup>, 2018
- Mandatory orientation meeting September 21<sup>st</sup>, 2018 from 2:30 – 4pm
- Schedule will be developed based on each student's personal interest

### where?

- Open to all CBE students

### why?

- Develop confidence and skills in public speaking, broadcasting and emceeing.
- Gain credits and valuable experience while contributing to your school's sporting or event culture and atmosphere

### prerequisites

- Students must have completed HCS 3000
- If you are accepted into the program you will be responsible for transportation to and from the sporting and broadcasting locations.





June 2, 2018

Calgary Board of Education  
1221 – 8 Street SW  
Calgary, AB, T2R 0L4

Dear Parents/Guardians,

Your child is applying to be part of the Sports Announcer Exploratory program, mentored by News Talk Radio Broadcaster and Calgary Hitmen game-day host Joe McFarland. This program provides the opportunity to learn about the craft of public address announcing and emceeing.

Throughout the program you child will be part of an exploratory program earning work experience credits. Your child will receive credit at the end of the program. The program runs over a 8 month period and will require your child to attend a number of different sporting and event venues and events. This will be a personalized experience for your child, therefore some of the events and sporting venues will be determined by your child throughout the program dependent on personal interest. Venues may include sporting locations such as the Saddledome, McMahon Stadium and Hellard Field, broadcasting venues may include Global and News Talk Radio. There will be a mandatory orientation meeting on Friday September 21<sup>st</sup> from 2:30 to 4pm to develop a schedule based on personal interest.

Please note you are responsible for transportation to and from the sporting or event venues for all program activities.

Please sign and return a copy of this letter with the application package to acknowledge you have read and understood the commitment required to successfully complete this program. We look forward to a wonderful learning experience; please do not hesitate to contact us if you have any questions.

Kind regards,

***Paul & Lisa***

Paul Kerber & Lisa Betterton  
Learning Specialist

lvbetterton@cbe.ab.ca; pgkerber@cbe.ab.ca

\_\_\_\_\_  
**Parent Signature**

**or Independent student Signature**



### Instructions |

Please complete this form and email a digital copy or fax the printed form to Sonya Gillis  
slgillis@cbe.ab.ca  
f | 403-777-6159

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_ Grade entering in September \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Student ID# \_\_\_\_\_ Student Cell \_\_\_\_\_

**Please check the following as they apply.**

Have you completed HCS 3000?  Yes. Off-campus Coordinator Initials \_\_\_\_\_  
*This is a mandatory pre-requisite for this off-campus program.*  No.

Have you met with your Off-campus Coordinator to discuss your interest in this opportunity?  
 Yes.  
 No.

If you are accepted into the program, you will be responsible for transportation to and from the various sporting and event venues. Do you have a transportation?  
 Yes.  
 No.

Are you aware that you will be expected to announce a number of sporting and school events as part of the program and must be keen to engage in public speaking?  
 Yes.  
 No.

Briefly describe why this program is of interest to you or how it fits with your future aspirations or career plans.



**Questions |**

Please contact

Sonya Gillis at

[sgillis@cbe.ab.ca](mailto:sgillis@cbe.ab.ca)

t | 403-817-7516

**STRENGTHS:** Please list 5 strengths you would bring to this program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Statement of Support** *(to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator)* How does the program align with the applicant's interests, future aspirations or overall learning plan?

What area(s) are you particularly interested in exploring. Please check all that apply.

- TV/Broadcasting     Sports/News     Entertainment     Radio
- Public Speaking    Other media/communications please specify: \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher/Administrator Name (Please print)** \_\_\_\_\_

**Teacher/Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please email or fax the completed application form to Sonya Gillis no later than September 14, 2018.*



**Calgary Board  
of Education**



**Calgary Board  
of Education**

## Off-campus or On-campus Education Agreement

Work Experience  Work Study  Internship  RAP

*Pursuant to the Worker's Compensation Act, Chapter W - 16, S.A. 1981 and regulations thereunder, the student is deemed to be a "worker" of the Government of Alberta for the purpose of Worker's Compensation.*

<b>A</b>	Last Name	First Name	CBE ID#	Alberta Ed.#	Birth Date (DD/MM/YEAR)
AKA (Also Known As) Name					Age of Student
Address				Postal Code	
Student Email			Home Phone	Student Cell	
Program/Level	Student Position	Current School	School Phone	School Fax	
Off-Campus Coordinator		Coordinator Phone	Coordinator Email	After Hours Emergency Only (403) 214-1131	
<b>B</b>	Employer (Company Name)		Employer Email		Employer Phone
Address		Postal Code	Site Address if different		
Contact Person/Supervisor		Position	Contact/Supervisor Cell		
<b>C</b>	Anticipated Period of the Agreement	From (DD/MM/YEAR)	To (DD/MM/YEAR)		
		September 14, 2018	June 14, 2019		

Whereas The Calgary Board of Education ("CBE") agrees to register the student in the above specified program to be undertaken by the student in conjunction with delivery by CBE to the student of high school courses and the student agrees to be employed and the employer agrees to employ this student under the program (the work phase of the Program referred to as the "work"). The following terms and conditions of this Agreement shall bind the parties pursuant to this Agreement.

- 1) PARTIES TO THE AGREEMENT: For clarification, the parties to this Agreement shall be:
  - a) The student named in "A" above, unless (d) below applies
  - b) The employer named in "B" above
  - c) The Calgary Board of Education ("the CBE")
  - d) The student's parent or guardian (if the student is a minor).
- 2) TERM AND TERMINATION OF AGREEMENT: This Agreement shall commence on the latter of the "From" date referred to in "C" above and the last signature date of this Agreement ("Start/Executed Date") and continue until the date also referred to in "C" above ("Term"). The CBE may terminate this Agreement immediately upon notice if:
  - a) the student's placement with the employer is terminated for any reason;
  - b) the student otherwise fails to complete the Program requirements;
  - c) another party is in breach hereof, or
  - d) if the employer files or has filed against it proceedings in bankruptcy or insolvency or winds-up or dissolves.
- 3) HOURS OF WORK: The work shall take place during the following times: any part of Monday through Sunday from 6:00 a.m. to 12:01 a.m. inclusive. See Schedule A Employer shall comply with the Alberta Employment Standards Regulations governing youth employment laws.
- 4) REMUNERATION: Employer shall comply with the Alberta Employment Standards Regulation, including in respect of payment of wages to the student. If applicable under the regulation, wages payable to the student shall be:
  - a)  minimum wage or above in Alberta; or
  - b)  Volunteer Position
- 5) TRANSPORTATION: Neither CBE nor the employer will be responsible for the student's transportation to and from any work site.
- 6) SUPERVISION:
  - a) It is agreed that, having arranged for the Program and work as herein set out, the CBE shall maintain contact with the student and the employer during the work period to such extent as the CBE determines and in accordance with any applicable Provincial policies or guidelines.
  - b) The employer will supervise the student during the work period, whether or not the Program is conducted on or off CBE facilities. The CBE will provide checks on the student and/or the working environment at a minimum of once for each 25 hours worked.
- 7) RECORDS: All records (including the On-Campus and Off-Campus Agreement, Individual Learning Plan and Student Evaluation) created by the employer, student and/or CBE coordinator and all other non-public information concerning the student or any other identifiable individual hereunder are documents and information that are subject to the *Freedom of Information and Protection of Privacy Act* (Alberta) ("FOIP") and will be kept in accordance with the employer's retention policy and FOIP.
- 8) TERMS: The employer and/or student (as applicable) shall adhere to Schedule A attached hereto.
- 9) NO WARRANTY: The employer acknowledges that the student is inexperienced and CBE provides no warranty regarding his or her skills and qualifications. The employer shall comply with all requirements under the *Occupational Health and Safety Act* (Alberta) and shall be responsible for the student's health and safety during the work phase of the program and shall only require the student to carry out work suitable to his/her age and ability in accordance with the Alberta Employment Standards Regulations.
- 10) EVALUATION: The employer shall be supplied by the CBE with a standard form for reporting to the CBE coordinator regarding the evaluation of the student. A final evaluation and all records created by the employer shall be forwarded by it to the CBE for placement in the official CBE student record. It is recommended that a copy be provided to the student after the expiration of the work period.
- 11) DISCLAIMER AND INDEMNITY: The employer and the student and his or her parent or guardian (if the student is a minor) agree and confirm that CBE shall not be liable for any losses, damages, injuries, claims or costs whatsoever arising out of the work. The employer indemnifies CBE, its trustees, employees, agents and the students from any losses, claims, damages, injuries or costs arising from acts or omissions of the employer or its personnel in respect of the work.
- 12) INSURANCE: Pursuant to the *Worker's Compensation Act* (Alberta), the student participating in the program is deemed to be a worker of the Alberta Government during the work period for the purpose of workers' compensation.
- 13) SITE LICENSE: If the work will be directed and carried out exclusively or primarily at CBE facilities, CBE and the employer shall execute a site license in CBE's standard format for the period of time equal to the Term. Early termination of this Agreement or the site license shall result automatically in early termination of the other.
- 14) ACKNOWLEDGEMENT OF RISK: The student (or parent/guardian of a student who is a minor) shall execute and deliver to the CBE, concurrently upon execution of this Agreement, an Acknowledgement of Risk in a form available from the CBE. Failure to sign and deliver to CBE such form shall preclude the student from participating in the work and the Program. The CBE does not make a medical assessment of the suitability of the student for participation in the work or the Program based on the information provided in such form. If the student has or develops any medical condition that may affect the student's participation in the work or the Program, the student and his or her parent/guardian (if the student is a minor) must advise the CBE immediately.
- 15) GENERAL: Any amendments to this Agreement shall be in writing duly executed by the parties. No party shall assign its rights herein. Notices hereunder shall be in writing and sent by courier, email or mail to the parties at the above addresses (and to CBE, c/o Off-Campus Coordinator noted above). This Agreement is governed by Alberta laws.
- 16) COUNTERPART SIGNATURE: This Agreement may be executed in counterpart copies that together form one agreement. The student/ parent/guardian and the employer shall each fax, e-mail or deliver to CBE one counterpart copy of this Agreement duly executed by him, her or it, as the case may be.

**THE CALGARY BOARD OF EDUCATION**

Signature of CBE: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**[NAME OF EMPLOYER]**

Signature of Employer: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Schedule A: Expectations  
TO THE EMPLOYER**

By agreeing to accept the student into your workplace, you have become a valued "partner" in the educational program. This experience will assist the student in making the transition from formal education to the world of work. The employer must abide by the following:

1. Safety of the student is paramount. It is mandatory that the Occupational Health and Safety Act and the Workplace Hazardous Materials Information System guidelines are adhered to in your workplace. The employer is responsible for workplace safety.
2. When the student starts work, provide an orientation to your workplace. Explain the purpose of the job or department and how the student can make a contribution. Outline daily routines and expectations of all employees including such matters as dress code, safety procedures, hours of work, care of equipment, calling in if not coming to work, cleaning up work area and dealing with the public and any other work policies and procedures including drug and alcohol use.
3. Recognize that the student is a learner in this new environment and will need close supervision initially as well as an opportunity to feel comfortable in asking questions. The student will appreciate being given meaningful tasks that challenge his/her ability and having the range and level of difficulty increase, as he/she becomes familiar with the job. Communications between the student and work supervisor is vital so that the student can grow in the job.
4. In case of an accident or injury, give first aid or medical attention as required then contact the parent and report it to the CBE teacher-coordinator so the necessary report can be filled out. During the term of this Agreement, students are covered under Worker's Compensation by the Alberta Government so accidents are not filed against the employers' account.
5. For the term of this Agreement and the hours specified, all relevant employment laws are applicable. If you hire the student outside of the hours or days of the Agreement with CBE and the student, this Agreement shall not apply to such outside hours or days and the terms of employment for such outside hours or days are between you and the student (or his or her parent/guardian) without CBE involvement. In such event, Workers' Compensation coverage for such outside hours or days becomes the responsibility of the employer and payment of at least minimum wage is required.
6. Hours for senior high school off-campus education shall, at minimum, align with the *Employment Standards Regulation* (Part 5) with the additional expectations that: Employer's due diligence is exercised to ensure that the health and safety of students is the primary focus for all off-campus education learning opportunities; parameters regarding student off-campus education work schedules are outlined in a school authority's off-campus policy, and detailed in a student's formal work agreement; the following work hour recommendations are considered in planning a student's work schedule:
  - a standard work day of eight hours per day is recommended for a student who is not attending classes at the same time as participating in an off-campus learning experience (e.g., one full semester is spent in off-campus work);
  - a maximum of 12 hours combined per day is recommended for a student who is attending classes at the same time as participating in an off-campus learning experience (e.g., attend classes for six hours; off-campus learning experience for six hours);
  - a maximum of 40 hours of work per week is recommended for a student who is not attending classes at the same time as participating in an off-campus learning experience (e.g., one full semester is spent in off-campus work); and
  - a maximum of 60 hours combined per week is recommended for a student who is attending classes at the same time as participating in an off-campus learning

\_\_\_\_\_  
Signature of Student who is a minor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Print Name

- experience (e.g., attend classes for 30 hours; off-campus learning experience for 30 hours).
7. Time sheets are the only acceptable documentation of hours of work between the student and employer's work coordinator. The positive feedback on observed strengths and your suggestions for improvement tells the student how they are doing and allows them to set goals for the coming week. Once completed by employer and student, the records will be forwarded to the CBE for placement in the student file.
  8. Putting learner expectations in writing helps to provide focus for the learning situation. During work site visits, the CBE coordinator should discuss these with the employer work supervisor and make necessary changes to assure challenging but attainable goals for the individual student. Off-campus coordinators shall make careful, **critical observations of the student's activities at the work station.** Upon completion of the learning plan, the record will be kept in the student file. All student records are to be kept confidential.
  9. Subject to the Freedom of Information and Protection of Privacy Act (Alberta), ("FOIP"), the employer and its personnel shall securely collect, compile and use student personal information exclusively for the purpose of employment of the student (provided that any medical information of a student is to be used exclusively for the purpose of addressing health and medical needs of the student, including emergencies) and not disclose such personal information to any person except on a confidential basis to its personnel who have a "need to know" such information or as required by law or court order. The employer agrees to notify any employee or other person who may access the student's personal information of the provisions of the duties and obligations under FOIP and obligations to comply with these requirements and specifically the conditions related for the protection of personal privacy. The employer shall notify the CBE immediately when the employer becomes aware of a breach of such privacy requirements.
  10. The employer has the right, upon written notice to CBE, to terminate the placement of a student for health, safety or legal concerns, including suspected drug or alcohol impairment of the student

**TO THE STUDENT AND PARENT/GUARDIAN**

There are two main reasons for students becoming involved in an Off-campus Education Program: to develop the skills, attitudes and expectations to succeed in the workplace and to explore career options and opportunities. This is a learning situation and the attitude of the student in approaching it will have a significant impact on the benefits gained from the experience. Your Off-campus teacher will provide you with a copy of the program expectations.

1. The student placement may be terminated for health and safety reasons, including concerns of drug or alcohol impairment.
2. If the student has any medical conditions that may affect the work, the student shall advise the CBE immediately.

**If you have any concerns about the safety of this work station or the suitability of the learning situation, please contact the CBE Off-Campus Coordinator as soon as possible or call 403-817-7516.**

**Off-campus Education Acknowledgement of Risk**

**Calgary Board  
of Education**

Consent of Parent, Guardian or Independent Student and "Acknowledgement of Risk"

**PLEASE READ CAREFULLY**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (name of student) ("my child"), agree to the participation of my child **OR** I, \_\_\_\_\_ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Work Experience Program, including any practicum or workplace training that is part of the Program or ancillary to it organized by The Calgary Board of Education ("CBE") with \_\_\_\_\_ (the "Program Provider").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, governors, officers, employees and agents (collectively, the "Releasees") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.
- B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**
- C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
5. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.

6. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student, acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown. Without limiting the foregoing, I acknowledge that part of the Program may involve the placement of my child (or, as an independent student, my placement) by the Program Provider in "practicum" assignments that involve workplace interactions with members of the public (for example, if a practicum assignment is with a veterinarian health care facility, my child - or I, as an Independent Student - will interact with members of the public who own animals and with animals, will have limited exposure to the medical application of pharmaceuticals and drugs or may be required to obtain vaccinations/inoculations in order to participate in the practicum). I agree on behalf of my child (or I agree, as an Independent Student) to assume the foreseeable and unforeseeable risks arising from placement in a practicum assignment as part of the Program.
7. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
8. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
9. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
10. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
11. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
12. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
13. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Legal Guardian/Independent Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_

\_\_\_\_\_



**IMPORTANT - Medical Information**

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

**Health Information:** (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.) Can be typed or handwritten

**MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT**

Program: <u>Sports Announcer Work Experience</u>	
Student Name: _____	
Alberta Health Care # (optional unless travelling outside of Alberta) #: _____	
Date of Birth (YEAR/MM/DD): _____	

Drug Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specifics/Severity:
Food Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specifics/Severity:
Insect Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specifics/Severity:
Other Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
--	---	--

**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:**

As a result of the above, 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) \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)

Emergency Contact: 2) \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), 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. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self- medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 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.

Subject to 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. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE 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 CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant.** I further hereby agree that If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

\_\_\_\_\_  
Parent/Guardian/Independent Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Please complete and return to the school**

When student information is shared in a way that makes the student publicly identifiable, the *Freedom of Information and Protection of Privacy Act (FOIP)* requires the Calgary Board of Education (CBE) to obtain parent consent. Sharing this information, for non-profit educational purposes, helps us celebrate the successes of our students with parents, the community and general public.

When you sign this form, you are agreeing that your child’s personal information (image, first name, first initial of surname, grade, school, CBE email address, samples of work) may be shared publicly by the school and/or CBE. Some examples of how this information may be shared are as follows:

- Public displays and presentations
- School and CBE websites and social media (blogs, Facebook, Twitter, YouTube and more)
- Print and electronic publications that provide information about CBE and school initiatives or activities (brochures, invitations, reports, newsletters)
- Videos

Lessons and student work may be digitally recorded as evidence for staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations.

Parents or independent students are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given. You may withdraw your consent at any time by notifying the school principal in writing.

This consent does not apply to:

- Use of student information by media or third party organizations
- Photographs, videos or interviews taken during public events either on or off CBE property. Public events include such activities as school assemblies, performances, field trips and sporting events.
- The educational use of student information within the CBE environment.

**Consent for Release** (please print)

\_\_\_\_\_ I give the Calgary Board of Education consent to use my child’s information as described above for non-profit educational purposes.

\_\_\_\_\_ I DO NOT give consent to use my child’s information as described above.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Parent/Guardian/Independent Student

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date (YYYY-MM-DD)