Career Centre
Lakes District Secondary School

School District No. 91
Box 3000
Burns Lake, BC
V0J 1E0

Career Programs Coordinator
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ICUBED MINI SUMMIT

TUESDAY, NOVEMBER 8, 2022

Name: _____ Date: _____

Address: _____

_____

Home Phone: ( ) _____ School: **Lakes District Secondary**

Age: _____ Grade: _____

Please answer the following questions:

Why do you want to take part in ICUBED? _____

_____

What previous experience have you had with ENTREPRENEURSHIP? _____

_____

What are your future plans? _____

_____

TUESDAY, NOVEMBER 8
LDSS Bus Departure- 6:30am
Return to LDSS- 7:30pm (approximately)

Parental/Guardian Request:

1. I, _____ request that my son/daughter _____, be considered for ICUBED. Should he/she be selected, I agree that in case of accident, the equipment suppliers and owner operators will not be held liable. He/she has my permission to participate in all activities and field trips during the project.
2. I give my consent for the publication of my child's name, photograph and/or comments for purposes consistent with ICUBED MINI SUMMIT.
3. **I understand that ensuring proper/adequate insurance coverage for your son/daughter is the sole responsibility of the parent/guardian.** www.insuremykids.com is just one of the online insurance websites available.

_____ _____

(Date) (Signature of Parent/Guardian)

PLEASE NOTE:

1. THIS PROJECT IS FREE.
2. Students will be expected to spend the whole day at the Summit and participate in each day of the program.
3. Bus Transportation from the Secondary School is provided.
4. **LUNCH IS PROVIDED**

SCHOOL DISTRICT 91 NECHAKO LAKES

Forms

STUDENT INFORMATION FORM

Related Policy: Policy No. 603.1 – Field/Sports Trips

To be filled out by the Parent/Guardian

STUDENT NAME: _____

Emergency Contact Information

Parent/Guardian #1: _____ Phone #1: _____ (cell/work/home)
Phone #2: _____ (cell/work/home)
Parent/Guardian #2: _____ Phone #1: _____ (cell/work/home)
Phone #2: _____ (cell/work/home)
Emergency Contact Name: _____ Phone #1: _____ (cell/work/home)
Phone #2: _____ (cell/work/home)
Home address: _____

Emergency Medical Information

Provincial Health Care #: _____ Birthdate: _____
Medical Conditions/Dietary Concerns: _____ Medication required: ☐ Yes ☐ No
Name of Drug _____ Dosage _____
Is there any medical/physical/emotional condition that may affect participation in the activities: ☐ Yes ☐ No
Please list: _____
My child has Student Accident Insurance: ☐ Yes ☐ No Plan Name & No.: _____
My child has Out-of-Province Medical Insurance: ☐ Yes ☐ No Plan name & No. _____

☐ Serious known allergies - *Please list:* _____
Reaction(s) _____
Allergy injections or medication currently prescribed: _____
Carries Epi Pen? ☐ Yes ☐ No Carries an Ana Kit? ☐ Yes ☐ No

Rules and Regulations

Is there any other information you feel we should know about your child?
Please list: _____
_____

I understand that if, at any time, on this trip my child is found to be breaking the school rules or specific rules regarding this trip, they may be required to return home at my full cost and obligation, as soon as arrangements can be made.

_____ _____
(Parent / Guardian Signature) *(Date)*

We are looking forward to a successful trip, and we sincerely hope that your child will benefit from this experience.

The information supplied on this form is to be regarded as strictly confidential and shall be made available only to appropriate persons as deemed necessary by adult chaperones accompanying students on the trip.