



School District No. 91 (Nechako Lakes)
Career and Trades Programs
"Committed to Providing the Experience"

Career and Trades Programs

Lakes District Secondary School
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PROJECT NATURAL RESOURCE MANAGEMENT

Pedersen Beach – Fraser Lake (Transportation via bus)

October 4th, 2023

Name: _____ Date: _____

Address: _____

Home Phone: (250) _____ School: Lakes District Secondary School

Emergency Contact: (250) _____ Age: _____ Grade: _____

Care card No. _____ Shirt Size: (please circle) S M L XL XXL

Please answer the following questions:

Why do you want to take part in Project Natural Resource Mgt? _____

What are your future plans? _____

What are your career plans? _____

List any volunteer work you do or plan to do in your community _____

Parental/Guardian Request:

1. I, _____ request that my son/daughter _____, be considered for Project Natural Resource Management, should he/she be selected, I agree that in case of accident, the equipment suppliers, owner operators and/or presenters will not be held liable. Her/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 Project Natural Resource Management.
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. Suitable work clothes will be necessary: work or rubber boots (hard toe preferably); hard hat (will be supplied); work pants (jeans or other heavy material); warm coat and gloves. Rain gear is suggested if the weather is poor.
2. Students will be expected to spend the whole day on the project and **participate in each day of the program** in order to receive full credit for completing the project.
3. Daily bus transportation from the Secondary School to the project site.
4. **No student vehicles will be permitted on site!**

SCHOOL DISTRICT No.91 (Nechako Lakes)



PROJECT NATURAL RESOURCE MANAGEMENT

FOIPOP RELEASE FORM

In Accordance with the Freedom of Information and Protection of Privacy Act, School District No. 91 (Nechako Lakes) requires consent to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various cultural, sports and educational events taking place in the district. While photographs add to the community life of our school, they are not required for educational purposes. Therefore, consent for the release of your child's name, photograph and comments are required. Students' names, photographs and comments may be published in school publications and occasionally, in the media.

_____ Yes, I give my consent for the publication of my child's name,
photograph and comments for purposes consistent with the above.

_____ No, I do not permit the publication of my child's name, photograph and
comments for purposes consistent with the above.

(Signature of parent or guardian)

(Date)

STUDENT INFORMATION FORM

2023/2024

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.

October 4th, 2023

Photo, Video and Testimonial Consent Form

PLEASE READ CAREFULLY

Name of Student: _____ Student's age: _____
(Print full name)

Parent Name: _____
(Print full name)

Parent email: _____

Parent Phone Number ; _____

Address: _____

Town: _____ Postal Code: _____

I hereby grant permission to the Council of Forest Industries (COFI) the irrevocable and unrestricted right to use, re-use and/or publish my child's name, testimonial and/or photographs, and/or video footage as taken to promote and support COFI's Forest Education Program.

This grant includes, without limitation, and without reimbursement, the right to publish such images in the newspaper, COFI website, and PR/promotional materials, such as marketing publications, advertisements, fundraising materials, and any other COFI-related publications.

By signing this consent form I represent that I am of legal age and that I give consent to use my child's name, testimonial, and/or photograph(s), and/or video footage in any and all COFI publications, print or electronic, and I waive the right to inspect and/or approve the finished product in which the testimonial and/or photograph and/or video footage will be published.

Signature of Parent or Legal Guardian

Date

NATURAL RESOURCE MANAGEMENT CAREER AWARENESS PROGRAM

PARTICIPANT CHECKLIST

Your health, safety and enjoyment in this program will depend in a large part how well prepared you are to spend time outdoors. As weather conditions, can change at any time, everyone participating in the program must come prepared for all types of weather conditions so that you remain warm and dry. If you do not own some of the following items, see if you can borrow them from a friend or relative.

If you do not come prepared, you may not be allowed to participate in some or any of the workshops.

REQUIRED CLOTHING and FOOTWEAR: (please check weather conditions)

- **Boots** – rubber soled boots are best. Gumboots with liners for warmth or hiking boots. (Running shoes or sandals are not appropriate as they provide inadequate support and will not keep your feet dry).
- **Socks** – Two pair. Preferably wool socks which will keep your feet warm. Wear one pair and keep the other pair in your day pack just in case your feet get wet.
- **Long Pants** – to protect your legs while walking in the bush.
- **Rain Pants Snow Pants or Gaiters** – worn over top of other pants will keep you dry while walking through brush and tall grass. (Regular pants, especially jeans, soak up water and will keep you cold).
- **Shirt** - long sleeve to protect your arms – can be removed or loosened to prevent overheating or sweating.
- **T-Shirt** – long or short sleeve to be worn under shirt for extra warmth.
- **Sweater** – can be layered over shirt for warmth – turtle neck sweaters will help keep your neck warm and prevent loss of body heat.
- **Rain Jacket or Snow Jacket** – waterproof or water resistant to keep you dry while walking through wet bush or when raining.
- **Toque or Hat** – very important as the greatest % of heat is lost through head and neck – a toque is warmer than a hat.
- **Mitts or Gloves** – mitts are better than gloves, but either is better than nothing.
- **Optional Items**
 - **Daypack** – to carry your spare clothing, pens, pencils, etc.
 - **Camera**
 - **Sunglasses**

OTHER REQUIRED ITEMS

▮ **Medical information and emergency contact information**– provide to your teacher sponsor/chaperone

RESTRICTED ITEMS:

The **program** is designed for your education, enjoyment, safety and protection and as such, the following items are restricted. If any of the following items are brought, they will be confiscated and the person or persons will be reported to school district officials and/or the RCMP.

- **Drugs** – other than those prescribed by a doctor or over-the-counter medication. We will not administer any prescription drugs.
- **Alcohol**
- **Firearms**
- **Knives**- there is no need to carry knives. Presenters and organizers may have knives and if necessary for a workshop they will be available.
- **Bear spray** – students need not bring bear spray. Bear spray will be carried by presenters and/or organizers