



École Élémentaire Sunshine Hills Elementary
11285 Bond Blvd
Delta, B.C. V4E 1N3
Tel: 604-594-8491 Fax 604-594-3815
<https://deltalearns.ca/ecolesunshinehills>
<http://sh.deltasd.bc.ca/home>

November 15th, 2018

Dear Parents/Guardians:

The students in Division 19 & 20 will have O.W.L. (Orphaned Wildlife Rehabilitation Society) visiting us on Tuesday, December 4th from 1:00 p.m. until 3:00 p.m.

There will be two real raptors invited into the class room for an up-close experience! As a follow-up activity, students will dissect an owl pellet.

The *OWLs in the Classroom* program will be teaching us about birds of prey in our community! O.W.L. is a non-profit rescue facility that is dedicated to the survival of raptors, including owls.

The cost of this presentation is \$6.50 per student, which will be donated to OWL. Any other donations are greatly appreciated.

Please complete, sign and return the attached consent form by Thursday, November 22nd, 2018.

Sincerely,

Mme Abraham
Mme Ross
Mme Affleck



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CONSENT FORM

Accidents can be the result of the nature of the activity and can occur without any fault on either the part of the student, or the school board, or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child. *

I give permission for _____, Div. ____ to participate in the Owls in the Classroom visit on **Tuesday, December 4th, 2018**. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur. Supervision will be provided by the school and parent volunteers. Enclosed is \$_____. (*Cheques payable to Sunshine Hills Elementary*)

OR - I DO NOT give permission for _____ Div. ____ to participate in this visit.

Printed name of Parent/Guardian

Signed by Parent/Guardian

Address of Parent

Date

Possible medical problems: nil

medication required

Medication and dosage required: _____

** By providing consent to have your child participate, you are not waiving your right of recourse should your child be injured as a result of gross negligence on the part of any party. In such an event claims against the District, its employees, volunteers or agents would be handled by the provincial School Protection Program.*
