



Buchanan Park Elementary School

PROUD SCHOOL OF HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

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Hamilton, Ontario L9C 3R9
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EMAIL: buchananpark@hwdsb.on.ca
www.hwdsb.on.ca/buchanan

September 8, 2025

Dear Buchanan Park Families,

As part of our commitment to providing meaningful and active learning experiences, the teaching staff at Buchanan Park School is seeking your permission to access nearby City-owned spaces for Physical Education and Daily Physical Activity (DPA) purposes.

We are requesting permission for students in Grades 1 through 6 to use the following areas during the instructional day:

- City-owned ball diamonds
- Green Park space adjacent to Buchanan Park School
- Sidewalks within the Buchanan Park community, specifically:
 - Laurier Avenue
 - Columbia Drive
 - Stacey Street

Please note:

- Students will remain on sidewalks and green spaces that are part of Buchanan Park School or the Buchanan Park community.
- Students will not cross or go on any City streets during these activities.
- These areas will only be accessed during school hours and under staff supervision.
- Activities will be related to Physical Education and DPA programming.

A permission form is being sent home with your child today. Please return the completed form by Thursday, September 11, 2025.

Classes will not be able to access these additional spaces until all students have returned their forms. If you have any questions or concerns, feel to contact me directly at rblunsdo@hwdsb.on.ca.

Thank you for your continued support in helping us keep students active and engaged!

Warm regards,

The Buchanan Park Teaching Team

HWDSB
BE YOU. BE EXCELLENT.



Parent/Guardian Information 2025-26

Buchanan Park

School Phone: 905-387-5212

Please keep this form at home for your information

Key Information for the upcoming excursion

Date of Excursion: Sept. 12 to June 30, 2026 Location: Buchanan Park - Baseball Diamonds/ Property Sidewalks

Cost: \$0.00

No payment is necessary.

Leaving the School: Various Times

Returning to School: Various Times

Transportation Method: Walking and Running

Non-Staff Volunteers/Drivers will not be participating in this activity.

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up to date.

Notify the school office immediately of any changes:

- Parents/Guardians and Home Address/Phone Numbers
- Emergency Contact Names/Phone Numbers
- Medical/Health Concerns

Please return the attached consent for by: September 11, 2025

Volunteers Needed

☐ Yes

☒ No

Volunteer Driver's Needed

☐ Yes

☒ No

Please contact your child's teacher if interested.

Note: In order to volunteer a current vulnerable sector check and school paperwork must be completed.

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THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY

School: Buchanan Park

Date of Excursion: Sept. 12 to June 30, 2026

Location: Buchanan Park Property

Activity: Physical Education and DPA

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

1. Slips, trips, falls
2. Concussion
3. Minor muscle sprain/strain
4. Running related injuries

- I/We acknowledge receipt of the letter dated Sept. 8, 2025 from the school with respect to the upcoming student excursion. We authorize transportation by N/A
- I/We understand that excursions contain an element of risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its employees or the facility where the activity is taking place.
- I/We understand that by choosing to allow the student to participate in this activity, I/we bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.
- I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Old Republic Insurance Company of Canada at 1-800-463-KIDS (5437) or online at www.insuremykids.com.
- I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.
- I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.
- I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.
- I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.

☐ I/WE HAVE READ THE ABOVE AND WE UNDERSTAND IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

☐ I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

Names of Student: _____

Teacher: _____

Signature of Student (if over 18): _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

PLEASE CHECK BOX FOR METHOD OF PAYMENT: ☐ ONLINE ☐ CASH ☐ CHEQUE

☐ I am interested in volunteering. Please contact me to initiate the volunteer screening process.