
SD43 FIRST AID & CPR TRAINING

SD43 FIRST AID AND CPR TRAINING DUE WEDNESDAY MAY 6TH, 2026

OFA Level 1" refers to a basic Occupational First Aid training level, typically considered the foundational level of first aid certification, covering essential skills like CPR, bleeding control, airway management, and basic wound care, designed to equip individuals with the knowledge to respond to immediate life-threatening emergencies in a workplace setting.

**Course Date: Friday May 22nd, 2026
Time: 8:30AM- 4:30PM**

Applications for the First Aid & CPR Program must be printed and submitted as a hard copy. Please complete the following and submit everything in a single package to your **Post Secondary Advisor by 3:00 PM on Wednesday May 6th, 2026**

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- ☐ Student Information
 - ☐ SD43 Field Trip Consent Form

Student Information – First Aid & CPR Training

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Phone Number: _____

Email Address: _____

Current School Name: _____

Grade Level (current year): ☐ 10th ☐ 11th ☐ 12th

Will you be 16 years of age or older by Friday May 22nd, 2026?

☐ Yes

☐ No

Do you have valid, government issued, photo ID?

☐ Yes

☐ No

Some examples of accepted photo ID include.

- B.C. driver's license
- BC Identity Card (BCID)
- Canadian passport
- Canadian citizenship card
- Canadian permanent resident card
- Secure Certificate of Indian Status card, issued by the Government of Canada
- Canadian identity card, issued by Global Affairs Canada
- Health card with photo, issued in Canada
- Tla'amin Nation citizenship card
- Métis (MNBC) ID card
- Certificate of Indian Status
- NEXUS card

Support Needs:

Do you require any accommodations or support to participate in the program?

☐ Yes

☐ No

If yes, please describe: _____

Dietary Restrictions or Needs:

Do you have any dietary restrictions, allergies, or specific nutritional needs?

☐ Yes

☐ No

If yes, please specify: _____

Reference:

Please provide a school reference. (Teacher, Youth Worker, Counselor, Principal)

Reference: _____

Full Name: _____

Position at school: _____

Phone/Email: _____

Why are you interested in obtaining your First Aid & CPR certification?

If I am selected as a successful applicant, I understand that I am required to attend the event for its entire duration and actively participate in all activities organized by SD43. I commit to following all School District rules and expectations and agree to represent School District 43 in a positive and respectful manner.

Full Name of Applicant: _____

Signature of Applicant: _____



1080 Winslow Avenue, Coquitlam, BC V3J 0M6 Phone 604-939-9201

SCHOOL DISTRICT 43 (Coquitlam)

PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM

Dear Parents / Guardians

The purpose of this letter is to inform you about a proposed field trip involving your child and to seek your support and written permission for your child to participate.

Please note that participation in this activity is optional. The ICBA and School District No. 43 (Coquitlam) have partnered to provide students with the opportunity to earn their First Aid & CPR certificate at a reduced student rate.

While ICBA and Coquitlam SD43 staff take all reasonable steps to prevent injuries to students, some degree of risk is inherent in any fieldtrip. This will be in a conference room (classroom) setting where most of the activities will be watching demonstrations and participating in small groups discussions/activities. Students will also be required to demonstrate their understanding by performing first-aid scenarios on partners and/or mannequins.

By allowing your child to participate in this activity, you agree that the activity described above is suitable for your child and acknowledge that you understand there is a risk of injury associated with it.

If you have any questions, please feel free to contact Ben King, Principal of Career Programs, at 778-984-1354.

Date(s) of Program: Friday May 22, 2026

Start Time: 8:30AM

End Time: 4:30PM

Location of the Field Trip: School District 43 Education Learning Centre - 1080 Winslow Ave, Coquitlam, BC V3J 0M6

Nature of the Program: to learn basic first aid secure OFA Level 1 First aid and CPR Certificate.

Students will need to bring/consider: Appropriate clothing for the First Aid and CPR. Athletic attire, long hair tied back and no jewelry, running shoes.

Teacher(s)/Administrator(s) in Charge: Instructor provided by the ICBA, Madeline Rindahl, and Ben King

Your child will be traveling by: Transportation is not provided. Students will be responsible for arranging their own transportation to and from the course site.

Food/Snacks: Lunch will be provided for students.

Cost of Program: \$95.00. Payment details will be communicated with students prior to the start date. Students who are taking the SD43 Cheerleading Program will be required to pay \$30.



1080 Winslow Avenue, Coquitlam, British Columbia V3J 0M6 ☎ Phone 604-939-9201

PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM

Field Trip Name: “SD43 First Aid & CPR 1-day course”

Are there any **medical concerns** (allergies, diabetes, epilepsies...) that Coquitlam school staffs should be aware of surrounding your child’s participation?

→ NO

→ YES, medical concerns are: _____

Are there any **physical concerns** (sprained ankle, limited lifting ability/amount) that the Coquitlam school staffs should be aware of surrounding your child’s participation?

→ NO

→ YES, physical concern is: _____

Besides the ones listed above, are there **any other concerns**, of any kind, that Coquitlam SD should know about?

→ NO

→ YES, you should know: _____

I acknowledge that a payment of \$95.00 to the Coquitlam School District must be paid before the start date of the course.

☐ **I agree to make a payment of \$95.00 before the start date of the course.**

The student (print name): _____ and I (print name): _____

_____ understand that the Coquitlam School District’s and your home school’s “Rules and Code of Conduct” apply during the First Aid & CPR 1-day course. By signing below, I give permission for my child to participate in this 1-day experience and acknowledge that I understand the expectations of the program.

Date: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Signature: _____