



**SUNRISE SCHOOL DIVISION
HIGHER CARE / EXTENDED FIELD TRIP PROPOSAL FORM**

SCHOOL NAME

TEACHER-IN-CHARGE:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
AREA OF STUDY:		PURPOSE OF TRIP:	
GRADE LEVEL:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M/F
Teacher-in-Charge:		
Other Supervisor: *if not identified at this time, include with planning form		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply)		ESTIMATED COST OF TRIP:
METHOD <input type="checkbox"/> Walking <input type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): _____	DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources) EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTINGENCY PLAN (if trip cancelled, if student does not go):

<p>EDUCATIONAL VALUE</p> <p>Goals and/or Student Learning Outcomes:</p> <p>Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card):</p> <p>Student preparation (e.g., re: knowledge, skills, attitudes, fitness):</p> <p>Follow-up activity(ies) that will occur:</p>
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<p>SAFETY GUIDELINES</p> <p>I have reviewed Sunrise procedures and the <i>YouthSafe Manitoba: Safety First! Guidelines for School Field Trips (2004)</i>: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>SAFETY PLAN</p> <p>Main activities are: _____</p> <p>Safety issues – include what can reasonably be expected in these activities, specific risks _____</p> <p>Plans to address: _____</p>

VOLUNTEER PLAN

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

- Background Check Reference Check Criminal Records Check Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

SUPERVISION PLAN

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant:

EMERGENCY PLAN

Contingency kit(s) carried (stocked and accessible) (check all that apply):

- First Aid Repair Survival

Emergency communications technology carried (check any and all that apply):

- Cell phone Satellite Phone Radio (VHF, UHF) Family Radio Service (FRS) None Other (specify): _____

Name of Primary First Aider: _____ Certification Held: _____

Name of School Contact Available 24/7: _____ Phones: (H) _____ (W) _____ (S) _____

ATTACHMENTS CHECKLIST (check all that apply and attach to this form):

- Program/Activity/Trip Plan Parental Consent and Acknowledgement of Risk Form
 Itinerary Card Volunteer Consent and Acknowledgement of Risk Form
 Assessing Teacher/Leader Competency Form Volunteer Driver Authorization Form
 Parent/Guardian Correspondence Service Provider Master Agreement and/or Contract

Other (specify): _____

EVALUATION

Criteria for success of field trip:

Process to determine success:

Name of Teacher-in-Charge (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature
Additional Approval (as needed) (specify):	Date (year/month/day) / /	Signature



SUNRISE SCHOOL DIVISION

HIGHER CARE/EXTENDED DETAILED FIELD TRIP PLAN FORM

Take a copy of these forms on the trip and leave one with your school contact.

NAME OF TRIP OR DESTINATION: _____

DATE(S): _____

KEY CONTACT NAMES	PHONE NUMBERS (WORK / HOME / CELL)
Teacher-in-charge:	/ /
Principal:	/ /
Assistant Principal:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /

ASSISTANTS / VOLUNTEERS

Competencies (i.e., what relevant key knowledge, skills, fitness and experience will the assistants/volunteers bring?)

NAME	COMPETENCIES

Other staff & volunteers briefed re: logistics, roles/responsibilities/duties, expectations, safety plan & emergency plan:
 Yes No Beyond general group supervision, note specific roles/responsibilities/duties of each person below:

SUPERVISOR'S NAME	ROLES/RESPONSIBILITIES/DUTIES

STUDENTS NOT ATTENDING	ALTERNATIVE ARRANGEMENTS/ASSIGNMENTS FOR THESE STUDENTS

NO-SHOWS AT DEPARTURE	FOLLOW-UP ON THESE STUDENTS BY SCHOOL

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: <input type="checkbox"/> Yes <input type="checkbox"/> No
All trip supervisors aware of location of forms and copies left with school contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSPORTATION	
Appropriate mode of transportation and driver(s) available for group: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/guardian approval of mode of transportation sought: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver(s) briefed re: route and safety expectations (see <i>Safety First!</i>) : <input type="checkbox"/> Yes <input type="checkbox"/> No	

EQUIPMENT / SUPPLIES (attach gear list and complete the following)			
Group Equipment Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies Addressed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Clothing/Equipment Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies Addressed <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Aid/Repair & Survival Kits Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies Addressed <input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCOMMODATIONS ARRANGEMENTS (e.g., hotel/motel, hostel)			
DATE OF ARRIVAL	LOCATION (city, town)	NAME OF ACCOMMODATION	PHONE NUMBER

BUDGET	
EXPENSES	SOURCE(S) OF FUNDING and AMOUNTS
Transportation:	School Budget:
Food / Meals:	Fundraising (Specify):
Accommodations:	Fee / Student:
Service Providers:	Other (Specify):
Fees / Licenses:	Other (Specify):
Other (Specify):	Other (Specify):

WEATHER FORECAST (For trips of outdoor nature only ie. Ski trips, and recognizing that local patterns can be different and longer term forecasts are less reliable)				
	DAY 1	DAY 2	DAY 3	DAY 4
Low / High Temp.	/	/	/	/
Wind Speed / Direction	/	/	/	/
Precipitation Type / Amount	/	/	/	/

If required for outdoor activities: SITE / AREA INVESTIGATION (from pre-visit, review of maps, guidebooks, talking to local authorities, etc.). Comment on results of investigation (e.g., suitability for group and objectives, can be phone contact): For out of country trips, be sure to do a bi-weekly review of www.voyage.gc.ca/consular_home-en.asp

WINTER ROAD CONDITIONS REPORT (if required: from CAA, RCMP or other reliable source):

“if required” FOR OUTDOOR ACTIVITIES – OTHER LOCAL CONDITIONS REPORT (e.g., from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc., as relevant):

SAFETY PLAN (Some of this may be addressed on the Trip Proposal Form B or Itinerary Card. **Use this table if additional space is needed to identify other strategies/techniques to be employed to manage risks**). Copy relevant info from the *Trip Leadership Resource*.

POTENTIAL KNOWN HAZARDS	STRATEGIES TO REDUCE THESE HAZARDS

EMERGENCY PROCEDURES

Procedure if a participant is ill or has a non-life threatening injury:

EMERGENCY CONTACTS

TYPE OF EMERGENCY SERVICE	AGENCY	PHONE NUMBER
Search and Rescue		
Medical		
Fire		
Police		

NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES (Distinguish appropriately where there are changes at different points along the trip):

OTHER RELEVANT INFORMATION:



**SUNRISE SCHOOL DIVISION
HIGHER CARE/ EXTENDED FIELD TRIP
PARENT/ GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

SCHOOL NAME: _____

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/ leader BEFORE signing it.
If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP: _____ DATE(S): _____ OR
SERIES OF OFF-SITE ACTIVITIES (Specify program): _____

TEACHER-IN-CHARGE: _____ PHONE: _____ E-MAIL: _____

SUNRISE SCHOOL DIVISION RESPONSIBILITIES

The Division will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: _____ By: _____
2. I accept this mode of transportation for this activity: Yes No
If no, specify alternative: _____
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
6. In the event my child fails to abide by these rules and regulations, arrangements could be made to have them sent home at the expense of the parents/guardians.
7. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.
5. I acknowledge that the Division may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the division will not be liable for any costs associated with such a cancellation.
6. I consent that the Division, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that
(Name of Student) _____ has my permission to participate in the
_____ field trip/program.

Date: _____ Name (Please print): _____ Signature: _____

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: Yes NoAllergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Carries Ana Kit? Yes NoMedical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:
_____Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:
_____Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):
_____Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Does your child currently have an Individual Health Care Plan (IHCP) with Sunrise School Division? Yes No



HIGHER CARE/EXTENDED FIELD TRIP CHECKLIST

√ = Met
 X = Not Met
 ? = Need More Information
 – = Not Applicable

Met Criteria

- The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- Information to be given parents/guardians is appropriate for the type/duration of trip
- Parental/Guardian consents to be collected (e.g., consent to attend, consent to secure medical treatment)
- Relevant student health and medical information to be secured from parents
- Additional insurance needs addressed, if relevant (e.g., out of province medical, hospital care) (contact MAST)
**STUDENTS, STAFF, and VOLUNTEERS MUST obtain additional insurance coverage for USA/international trips (ALL out-of-Canada trips). This information is on file at the school. YES No*
- Budget and financial arrangements appropriate
- Transportation arrangements acceptable (type of vehicle and type of driver) and parental consent secured
- Special needs issues are addressed
- Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas
 Higher Care Day or Extended Care Trips: Recommended Ratio: Grade 5-8 students 1:10; Grade 9-12 students 1:15
- If the trip is over night, accommodations arrangements are acceptable, (e.g., hygiene, security)
- Safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
- Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, EMS access, back-up transportation)
- Alternative contingency plan(s) if the trip/part of the trip can't happen
- Destination contact and phone number, e.g., outdoor centre, camp, local authority(ies)
- List of documents teacher will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants).
- Office to receive copy of finalized trip plan, signed consent forms, passenger manifestos, and names of no-shows.

Comments:

Name of Teacher-in-Charge (please print)	Date (year/month/day) / /	Signature
Name of Principal (please print)	Date (year/month/day) / /	Signature
Additional approval (as needed) Specify:	Date (year/month/day) / /	Signature