



EXCURSION HANDBOOK

APPENDIX III TCDSB EXCURSION FORMS

Pages 90-104

**Prepared By:
The Health/Physical/Outdoor Education Department**

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(NOTE: All page numbers refer to the complete Excursion Handbook)

APPENDIX III

TCDSB

EXCURSION

FORMS



SCHOOL EXCURSION APPROVAL APPLICATION FORM

Use for: ALL OVERNIGHT and OUT-OF-CANADA EXCURSIONS

Name of Teacher or Organizer of Excursion: _____

Position of Responsibility: _____ School: _____

Type of Excursion: Curricular: Co-Instructional: Both:

Excursion Description: (location(s), mode of travel, accommodations, participants, activities being planned and any relevant information to assist the person granting approval - use back of page if necessary)

Curricular relevance or purpose of the excursion: _____

Related Credit Courses: (if applicable) _____

Name(s) of Approved Supervisor(s): _____

Anticipated No. of Students Involved: _____ Grade(s): _____

Dates: from _____ to _____
Day Month Year Day Month Year

Transportation Carrier is from Board approved list: Yes No

If "No" proof of adequate insurance must be attached to approval form.

Name of Carrier: _____

Estimated Cost For Entire Group:		Anticipated Sources of Revenue:	
Accommodation:	\$	School Accounts:	\$
Travel:	\$	School Fund Raising:	\$
Cost of Supply Teachers	\$	Board Subsidies:	\$
Meals:	\$	Student's/Parent's Share:	\$
Programs/Materials:	\$	Other (a)	\$
Other:	\$	Other:(b) Teacher contributions if applicable	\$
TOTAL:	\$	TOTAL:	\$

Are teachers/Supervisors receiving any remuneration or other benefits for organizing this excursion?

Yes No

If yes, explain (use back of page if necessary): _____

It is understood that this excursion **WILL NOT** proceed without approvals and signed parental forms completed, and a finalized list of student participants provided to the appropriate Superintendent.

Signature of Principal: _____ Date: _____
(indicates recommendation of this excursion) For approval of excursion refer to Section 4.7 p. 18 of The School Excursion Handbook

Excursion Approved

Signature of Superintendent (All Overnight Excursions) and Director or Designate (All Out-of-Canada Excursions)

Excursion Not Approved

Signature of Superintendent (All Overnight Excursions) and Director or Designate (All Out-of-Canada Excursions)

(March 2012)



PRINCIPAL'S CHECKLIST

This form is to be completed by the principal, signed and attached to the Excursion Approval Form.

A checkmark indicates the action has been completed. A blank indicates no action has been taken. (NA) indicates the item is not applicable for the excursion. Please use the back of the form to add any explanations.

- I have reviewed Section 12 "**Special Considerations for Principals**" pages 67-70, of The School Excursion Handbook.
- I have reviewed Section 4.26 "**Excursion Type and Steps Required – What I have to do!**" pages 27-30, of The School Excursion Handbook
- I have reviewed with the teachers Section 7.11 & 7.12 "**Anaphylaxis – The Life-Threatening Allergic Reaction**" pages 50-52, of The School Excursion Handbook.
- Arrangements will be made for students who have been identified as anaphylactic.
- The school staff have been in-serviced regarding excursions.
- Arrangements will be made for students requiring special care.
- Every effort will be made to ensure that no student is prevented from participation through inability to pay.
- A parent meeting is being planned. Date if known _____.
- Standard Parent/Guardian Permission Form is being used.
- School generated Parent/Guardian Permission Form is being used.
- Arrangements will be made for students unable to take part in the excursion.
- Arrangements will be made for students requiring special care.
- Arrangements have been made for participation in the Sunday Eucharist for all students and supervisors
- At least one of the supervisors/instructors is qualified in first aid.
- All TCDSB water policies have been reviewed.
- All TCDSB watercraft policies have been reviewed.
- All TCDSB canoe-tripping policies have been reviewed.
- All TCDSB private or rented aircraft policies have been reviewed.
- There will be a copy, on file at the school, of any contract or proposed contract with any travel agent.
- For an international trip all the requirements in Section 4.12 "Principal's Responsibilities for International Excursions" page 21-22, have been reviewed.

Signature of Principal

Date

(Page 1 of 1)
(April 2007)



TEACHERS' CHECKLIST

This Checklist is intended to be sequential. Depending on the nature and duration of the excursion, some items may have a greater importance. Adapt the list to suit your situation.

- ___ Preliminary written proposal submitted to school principal well in advance of excursion date(s) (8-10 weeks).
- ___ Principal's approval/support obtained.
- ___ TCDSB Application for School Excursion Form submitted and school's superintendent's signed approval obtained.
- ___ Detailed program developed (includes site visit, pre-trip activities, activities on site, equipment needs, student checklists, reservations at sites and so on) and approved by principal.
- ___ Parents/Guardians informed of details of trip.
- ___ Parent/Guardian meeting held.
- ___ Two copies of either, the standard or school generated, Parent/Guardian Permission Form sent out and one signed copy returned for each student.
- ___ Health Information Forms and Consent to Medical Treatment Forms have been given to students.
- ___ Health Information Forms and Consent to Medical Treatment Forms have been completed and returned for all students.
- ___ I have read and signed the Health Information Forms.
- ___ If the excursion includes a Sunday arrangements have been made for participation in the Sunday Eucharist for all students and supervisors.
- ___ Emergency Action Plan for Injuries is completed. (Appendix IV, page 108)
- ___ Emergency Action Plan for Transportation is completed. (Appendix IV, Page 113)
- ___ Emergency Action Plan for Day Trips (where applicable) is completed. (Appendix IV, Page 114)
- ___ I have reviewed "**When an Injury Occurs**" on pages 109-110 of The School Excursion Handbook
- ___ I have reviewed Section 7.11 & 7.12 "**Anaphylaxis – The Life-Threatening Allergic Reaction**" pages 50-52, of The School Excursion Handbook.
- ___ Arrangements have been made for students who have been identified as anaphylactic.
- ___ Clearly established routine for handling emergencies is in place.
 - ◆ Accidents ◆ Lost Students ◆ Fire ◆ Anaphylaxis
- ___ List of students and emergency contact left with:
 - ◆ Supervisor-in-charge ◆ School ◆ Superintendent
- ___ Post-trip presentation to parents/guardians, other students, is planned.
- ___ Students have proper identification.
- ___ A "buddy system" has been organized with the students.



TORONTO CATHOLIC DISTRICT SCHOOL BOARD

PARENT/GUARDIAN PERMISSION FORM LOCAL AND REGULAR USE SITES (Annual Use Form)

School: _____

The school will be using (specific name of church, hall, park etc.)

*This/These facility(ies) is/are to be used on a regular basis throughout the _____ -
_____ school year for the students of grade _____.*

*I give permission for my child, _____ to take part in
supervised activities at the above named location(s) for the school year _____ -
_____.*

Principal's Signature (indicates approval of this/these events).
(To be signed before copies are sent for signature of parent/guardian)

Date

Signature of Parent or Guardian
(Signature of student if over 18 years of age)

Date

(April 2007)



TORONTO CATHOLIC DISTRICT SCHOOL BOARD PARENT/GUARDIAN PERMISSION FORM – ALL EXCURSIONS

School: _____

I/We give permission for my/our child, _____
Student's full name

To go on the school excursion to: _____

Nature and purpose of the excursion: _____

Departure time from school: _____ Departure Date: _____

Y-M-D

Anticipated return time to school: _____ Return Date: _____

Y-M-D

Your child will be transported by (check all that are appropriate):

Charter Bus Public Transit Volunteer Driver Student Volunteer Driver

Other (please specify): _____

Teacher(s) in Charge/Supervisor(s): (1) _____

(2) _____

(3) _____

Cost of Excursion \$ _____
per student:

Cost of Excursion \$ _____
per supervisor: (if applicable)

Extra costs for students: _____

The receipt of the following information is acknowledged by the signature of the parent or guardian.

- If an excursion is organized without approval being obtained, the Board declines to assume financial or other responsibility of personal liability incurred by students and/or their parent(s)/guardian(s) in connection with their private arrangements for excursions which are not part of the school curriculum.*
- Each child's parent(s)/guardian(s) is/are to receive a copy of the pertinent information contained on the approval form*
- Please indicate on the back of this form or on the **Student Health Information Form** (if an overnight trip) any relevant medical information concerning your child.*
- If an alternate travel, accommodation or activity plan for your child has been made, list details on the reverse side and sign that your permission is given for these changes.*
- Parents/Guardians are responsible for making the necessary arrangements if, for any reason, it becomes necessary to send their child(ren) home prior to the end of the excursion. The Board is in no way responsible for reimbursing parents/guardians if this situation occurs.**

Principal's Signature (indicates approval of this/these events).
(To be signed before copies are sent for signature of parent/guardian)

Date

Signature of Parent or Guardian
(Signature of student if over 18 years of age)

Date

(April 2007)



TORONTO CATHOLIC DISTRICT SCHOOL BOARD

Parent/Guardian Informed Consent Form For International Excursions

International field trips may present various elements of risks, as might various forms of related transportation including air flight. Accidents related to such activities may occur and cause injury to a student or students through no fault of the school board, a transporter or of a facility at which activities take place.

PARTICIPANTS MUST ASSUME THESE RISKS.

THE TORONTO CATHOLIC DISTRICT SCHOOL BOARD DOES NOT PROVIDE ANY ACCIDENTAL DEATH, DISABILITY, DISMEMBERMENT OR MEDICAL EXPENSES INSURANCE ON BEHALF OF STUDENTS PARTICIPATING IN FIELD TRIPS.

ACKNOWLEDGEMENT

WE HAVE READ AND UNDERSTOOD THESE WARNINGS:

Dated: _____

(Signature of Student)

(Signature of Parent/Guardian)

I GIVE _____ permission to participate in
(Name of Student)

the excursion sponsored by _____ of the Toronto Catholic
(School)

District School Board to _____
(Destination(s))

_____ during _____
(Date of trip, inclusive)

Dated: _____

Signature of Parent/Guardian

(April 2007)



TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.

School Name: _____

Name of Child: _____ Date of Birth: _____ Sex: _____
Last Name First Name Y- M- D M or F

Student's Home Address: _____
Number Street City Postal Code

Student's Home Phone Number: _____

Father's (Guardian's) Name: _____

Father's (Guardian's) Address: _____
(If different from student's)

Place of Employment: _____ Phone: _____

Mother's (Guardian's) Name: _____

Mother's (Guardian's) Address: _____
(If different from student's)

Place of Employment: _____ Phone: _____

Family Doctor: _____ Phone: _____

Alternate: _____ Phone: _____

OHIP Health Card No: _____ Blood Type (if known): _____

Does your child have any special condition which must or should be taken into consideration in his/her participation in a full academic and physical program?

Allergy: _____

Asthma: _____

Diabetes: _____

Epilepsy: _____

Feet or Legs: _____

Heart: _____

Skin: _____

Rheumatic Fever: _____

(Page 1 of 2)

(April 2007)



TORONTO CATHOLIC DISTRICT SCHOOL BOARD STUDENT'S HEALTH AND SAFETY INFORMATION FORM

Recent illness or operation: _____

Other: _____

Does your child carry any medication for the above-mentioned condition(s)? If so, please give details: (e.g. Epi Pen ©)

Does your child carry an Epi Pen©? Yes No

Has he/she any drug allergy or sensitivity? If so, please give details:

Has he/she any serum sensitivity? If so, please give details:

Date of last tetanus shot (if known): _____

If there are any medical details that you feel might be of some assistance to the teacher to ensure the safety of your child, please contact the teacher at school or use the space below to inform the teacher of these details.

Signature of Parent or Guardian

(Signature of student if over 18 years of age)

Date

Signature of Supervisor-in-charge of Excursion

Date

(Page 2 of 2)

(April 2007)



TORONTO CATHOLIC DISTRICT SCHOOL BOARD CONSENT TO MEDICAL TREATMENT

(a) When on Field Trips

and (b) When parents cannot be contacted

The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.

To: Any Qualified Health Care Provider

CONSENT TO MEDICAL TREATMENT

I hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child, _____

Child's Name

including the administration of an anaesthetic and the performance of any necessary operation during the period _____ to

Y - M - D

_____.

Y - M - D

Dated at _____ this _____ day of _____

Health Card Number: _____

Signature of Parent or Guardian
(Signature of student if over 18 years of age)

Date

(April 2007)



VOLUNTEER DRIVER - AUTHORIZATION TO TRANSPORT STUDENTS – PART 1

This will authorize: _____
(Name of Volunteer Driver)

to transport students participating in the events listed on the attached school schedule **OR**

to transport students participating in the following school activity: _____

Driver's License No.: _____ Driver's Phone No.: _____

Vehicle Information: Make: _____ Year: _____ License No. _____

Vehicle Owner: _____
(Vehicle owner's name)

If the volunteer driver is not the vehicle owner then a completed part 2 must be attached.

Insurance Co.: _____ Policy No.: _____

If volunteer driver is a student then a completed part 3 must be attached.

Driver Declaration: Please read carefully before signing.

1. I declare that I hold a valid unrestricted Ontario Class G2 or better license.
2. I understand that when transporting students, safety is my first responsibility. Since it is important to focus on driving and to reduce driver distractions I will not use a cellular phone (hand-held or hands-free or any other hand-held (mobile) wireless communication device while driving students. Wireless hand-held devices include but are not limited to cellular phones, Blackberrys, PDAs, MP3 players, GPS, etc. Hand-held (mobile) wireless communication devices can only be used when the vehicle is safely parked.
3. I understand that the TCDSB will not provide legal advice nor assistance to anyone charged in relation to the use of hand-held (mobile) wireless communication devices.
4. I declare that I am using a licensed automobile, which carries valid automobile Third Party Liability insurance, with a limit on liability of at least \$1,000,000. In addition the vehicle has; Accident Benefit and Uninsured Automobile coverage
5. I understand that the school board's Excess Automobile Liability insurance comes into effect only after the vehicle owner's primary Third Party Liability insurance limit has been exhausted. The school board's Third Party Liability insurance provides protection up to a total of \$20 million for each occurrence.
6. I understand that there is no coverage provided by the TCDSB's insurance for damage to a volunteer or employee's vehicle. In addition there is no coverage for a premium adjustment as the result of an accident while the vehicle is being operated for TCDSB activities.
7. I understand that according to provincial legislation, passengers who are injured would recover accident benefits coverage from their own or a parent's/guardian's automobile policy. In the absence of a personal or family automobile policy, the passenger would then be eligible to recover benefits from the insurance policy covering the vehicle in which they are riding.
8. I understand that if a vehicle is equipped with a front seat passenger-side airbag, students must not be transported in that seat if they do not meet the minimum requirements for safety, unless the airbag has been properly deactivated. According to the latest information from Transport Canada, all children aged 12 and under should be seated in the back of any vehicle where the air bag has not been properly deactivated.
9. I promise to provide the school board with prompt written notice, with particulars, of any accident arising out of the use of a licensed automobile during a trip on board-related business.

Driver's Signature (indicates the above has been read and agreed to)

Date

Date

School Name

Principal's Signature

(February 2010)



VOLUNTEER DRIVER - AUTHORIZATION TO TRANSPORT STUDENTS - PART 2

This part must be completed if the volunteer driver is not the vehicle owner.

Declaration to be signed by the vehicle owner.

1. I declare that I have read the Driver Declaration on the first part of this authorization form.
2. I declare that I have authorized _____ to drive my vehicle to transport students participating in the school events listed.
3. I declare that he/she holds an unrestricted G2 or better driver's license, is authorized to drive and is insured as an operator under the vehicle's liability insurance.
4. I declare the vehicle described above is mechanically fit and that there are seatbelts in good working condition for all passengers and that appropriate car/booster seats are used.

Owner's Signature (indicates the above has been read and agreed to)

Date



VOLUNTEER DRIVER - AUTHORIZATION TO TRANSPORT STUDENTS - PART 3 STUDENT VOLUNTEER DRIVER AUTHORIZATION

If the volunteer driver is a student the following must be completed:

Date of driver education course: _____
Y - M - D

I am aware that my son/daughter _____ will be a volunteer
(Name of Volunteer Driver)
driver and will be transporting other students.

Parent/Guardian Signature

Date

(February 2010)



**TORONTO CATHOLIC DISTRICT SCHOOL BOARD
EXCURSION ORDER
FOR TTC TICKETS ONLY**

SCHOOL _____ LOCATION # _____

DATE OF TRIP: _____

DESTINATION: _____

TORONTO TRANSIT TICKETS	QUANTITY
ADULTS	
CHILDREN (12 YEARS OF AGE OR UNDER)	
STUDENTS (19 YEARS OF AGE OR UNDER)	

SIGNATURE OF PRINCIPAL: _____ DATE: _____
Y - M - D

----- **FOR BOARD USE ONLY** -----

REQUISITION # _____

Cost Centre:

Cost Element/GLAcct:

DATE ORDERED: _____

SIGNATURE: _____

**PLEASE SEND COMPLETED FORM TO
STUDENT TRANSPORTATION SERVICES, CEC**

(April 2007)

**TORONTO CATHOLIC DISTRICT SCHOOL BOARD
MEDIA CONSENT FORM**

I, _____, hereby give my consent to
(Name of Parent/Guardian)

The Toronto Catholic District School Board for my child,

_____, of _____,
(Name of Student) (Name of School)

to participate in the media activity on _____
(Date)

at _____, and to be filmed,
(Location)

audiotaped, videotaped or photographed by print or broadcast media.

I also consent to my child being interviewed for the purpose of broadcast or printing by the news media on the following topics:

Signature of Parent/Guardian

Date



This personal information is collected under the authority of the Education Act and is used for the purpose of promoting Catholic education in Toronto.

(April 2007)

OSBIE Incident Report Form

The OSBIE incident report form is to be accessed at the following OSBIE website:

<http://www.osbie.on.ca/incident-reports/>

A copy of the file will be sent by OSBIE to TCDSB Risk Management Department.