APPENDIX B

School District #62 (Sooke)

MODERATE RISK FIELD TRIP (DAY) APPROVAL FORM

- The Leader must read the School District Field Trip Policy before completing this form.
- The Leader must take this completed form to the Principal for approval (and, when it is an out-of-province request, the Principal's recommendation for approval is to be forwarded to the Superintendent).
- Where Part B applies, the Principal should meet with the Leader and review the information prior to the parent/guardian meeting. After this meeting, Part B is to be returned to the Principal for final approval.

PART A - Required for all field trips

Teacher/Leader/Supervisor: _____

School: _____

Date of Application:_____Date(s) of Field Trip: _____

Purpose/Activities:_____

Number of Students: _____ Grade(s): _____ Male _____ Female____ Other _____

Number of Supervisors/Chaperones: _____ Male_____ Female_____ Other _____

Times & Locations (When & Where?):

Method(s) of Transportation: _____

Costs:_____ Source of Funds: _____

☐ I have read School District #62 Field Trip Policy C-329

Planned by: _____ **Approved by:**_____

Leader's signature Principal's Signature

Date:_____

PART B (to be submitted to the Principal at least 30 days prior to trip)
Required only for field trips that are overnight, within province,
and/or involve "moderate risk" activities.

Date of Parent/Guardian Information Meeting(s) (required by policy): _____

Section 1 – Required for all Overnight Field Trips

Itinerary (attach detailed itinerary, including educational and logistical activities prior to, during, and after the trip as well as names of chaperones and/or supervisors).

Lodging Arrangements_____

Meal Arrangements_____

Section 2 - Required if Field Trip involves any "Moderate Risk" Activities

List "Moderate Risk" Activities (see Field Trip Policy for definitions):

Location of Activities (terrain, potential hazards, remoteness/access to medical care, etc.):

Leader's and/or Instructors' Local Knowledge:

Type & Quality of Safety Equipment:

Ratio of Students-to-Instructors (qualified to lead activities): _____/ 1
Ratio of Students-to-Adults (including teachers/supervisors/chaperones/etc.): _____/ 1
Details of Student Preparation for Activities:

Details of Leader's, Supervisor's, and/or Instructor's Experience and Qualifications:

First Aid requirements: (e.g. level of first aid attendant and first aid kit): _____
Contingency Plans for Emergencies:

Section 3 – Any Relevant Additional Information

Planned By: _____ **Approved/Recommended by:** _____ **Date:** _____

_____ _____
Leader's Signature Principal's Signature

School District No. 62 (Sooke)

MODERATE RISK FIELD TRIP

SCHOOL TRAVEL/ACTIVITY CHECKLIST

This checklist is designed to ensure that trips are given proper planning and adequate supervision. All students shall be under the supervision and direction of school personnel during the activity, during associated "free time" and while being transported. (School district policies regarding student travel, student behaviour and the teachers' duty of care are applicable and should be referred to.) They may be found in the District Policy Manual in Section C - Students.

Please ensure that all relevant documents are on file in the school office.
*Items marked **(*)** are related to all trips.*

SCHOOL: _____ DATE OF TRIP: _____

DESTINATION: _____

PURPOSE:

SUPERVISORS: _____ _____

_____ _____

_____ _____

First Aid Attendant with valid certificate (if applicable): _____

NOTE: NAMES OF NON-TEACHING SUPERVISORS MUST BE REGISTERED WITH THE PRINCIPAL.

NUMBER OF STUDENTS: _____ LENGTH OF TRIP: _____ days

NOTE: NAMES AND PHONE NUMBERS OF STUDENTS AND SUPERVISORS MUST BE REGISTERED IN SCHOOL OFFICES, SEPARATED BY TRANSPORTING VEHICLE.

DEPARTURE FROM: _____ (AM) (PM) _____ 20____

ARRIVAL AT: _____ (AM) (PM) _____ 20____

LEAVE FROM: _____ (AM) (PM) _____ 20____

ARRIVE AT: _____ (AM) (PM) _____ 20____

TEACHER'S SIGNATURE _____

PRINCIPAL'S SIGNATURE INDICATING PLANNING COMPLETE _____

DATE _____

Moderate Risk Field Trip - School Travel Activity Checklist,

SAFETY KIT – TO BE BROUGH BY TRIP LEADER

- ☐ 1. First Aid Kit *
- ☐ 2. Charged cell phone *
- ☐ 3. Emergency contact numbers on a separate sheet of paper *
- ☐ 4. Medical information for each student *
- ☐ 5. Emergency Plan for trip (what to do in the event of an emergency) *

COMMUNICATION WITH PARENTS/GUARDIANS

1. Date of Parent/Guardian Information Meeting (for Moderate risk) * _____
    - ☐ a. Are parental/guardian permission slips on file for participating student(s)? *
- ☐ 2. Has a detailed trip itinerary been:
    - ☐ a. Filed at school? *
    - ☐ b. Sent home? *
- ☐ 3. Are behavioural expectations made clear to students and parents/guardians well before the time of the trip? *
- ☐ 4. Have arrangements been made to cope with known individual medical situations? *
- ☐ 5. Have destination contact persons, addresses and phone numbers been:
    - ☐ a. Carried on trip?
    - ☐ b. Filed at school?
    - ☐ c. Given to parents/guardians?
- ☐ 6. Have students/parents/guardians been provided with equipment list?
- ☐ 7. Have provisions been made to check student preparation before trip date?
- ☐ 8. For lone or extended trips has the supervisor made a list of medical numbers and insurance coverage?
- ☐ 9. Have procedures for serious behaviour problems been communicated to the parent/guardian?

SAFETY

- ☐ 1. To the best of your knowledge, do teacher supervisors and adult helpers have adequate qualifications and experience for this trip?
- ☐ 2. Have potential hazards been considered in your planning?
- ☐ 3. Complete First Aid Risk Assessment on Engage to determine: *
    - ☐ a. Correct level of first aid kit and
    - ☐ b. Correct level of First Aid Attendance on the trip.
- ☐ 4. Complete Risk Assessment for Potential Violent Interactions with Public from the Task Based Procedures – Interactions with the Public on Engage before the field trip. *

  Ensure a completed copy of this Assessment is brough on the field trip.
- ☐ 5. Is the Supervisor familiar with the route/destination?

FUNDING

- ☐ 1. Has funding been organized and reviewed with the Principal? *
- ☐ 2. I have looked into funding options/alternatives for students who can't afford this.

TRANSPORTATION

- ☐ 1. If you require a bus:
  - a. Fill out bus request form and give it to Principal for signature. *Form is located _____. The **form needs an account number** before it can be booked.*
  - c. The School Secretary will book the bus(es).
- ☐ 2. If you use Parent/Guardian drivers:
  - ☐ a. Request that insurance and license be presented to the office.

    They will be photocopied and placed in binder.
  - ☐ b. Check insurance for valid dates and minimum $1,000,000 liability coverage ($2,000,000 preferred).
  - ☐ c. Send list of parent drivers to office at least three days before the trip.

  Teachers are responsible for checking binder to confirm parent/guardian drivers have filed license and insurance papers with the school.

3. If you use Staff drivers: *
   - ☐ a. Complete Student Transportation in Employee Vehicle Risk Assessment Checklist from the Working Alone or From Home Safe Work Procedure on Engage prior to transporting student.

- ☐ 4. Has adequate supervision been provided? *

SCHOOL
CONSENT FORM
FOR CHILD PARTICIPATING IN
MODERATE RISK ACTIVITY

Date: _____

Dear: _____

I hereby give my consent and acknowledge by my signature that:

Students will be going to _____ (location) and will be away from the school from _____ to _____ (times). They will be travelling by _____ (i.e. school bus, public transit, foot). _____ Initial

On this field trip, up to _____ (number) students will be: _____ (describe all activities – i.e. skiing , hiking, walking, using climbing apparatus, cooking meals on camp stoves, tenting). _____ Initial

The students will be supervised by _____ (a typical response might be "school employees and hopefully 2 – 4 parent/guardian volunteers". It is important to indicate supervisory arrangements that will not be modified or reduced. For instance, consider whether the trip will proceed even if there are no parent volunteers, or if a specific teacher is sick, but a substitute is available. **With older grades you should add a sentence saying "Your child will not necessarily be supervised by an adult at all times"). _____ Initial

My child has no illnesses, allergies, or disabilities that may require special attention, except as described here: _____ _____ Initial

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to: _____ (provide specific and comprehensive information on any risks that are applicable. Some examples follow) _____ Initial

- Unorthodox or high-risk travel arrangements
- Program locations
- Rugged terrain
- Rock fall and avalanches
- Weather
- Equipment breakage, failures
- Delayed rescue, accessibility
- Conduct of the guide, chaperone or other group members
- The possibility that your child may not heed safety instructions or restrictions given to the group

I acknowledge that if the Superintendent of Schools deems the trip unsafe they can recall students back at any time. _____ Initial

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including: _____ _____ Initial

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing. _____ Initial

My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home. _____ Initial

Accidents can be the result of the nature of the activity and can occur with or without any fault on eighter part of the student, or the School Board or its employees or agents, or the facility there the activity is taking place. By _____ Initial

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.

In signing this Consent, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent. _____ Initial

I am 19 years of age or more and have read and understand the terms of this Consent and understand that it is binding upon me, my heirs, executors, and administrators. _____ Initial

Date: _____

_____ _____

Signature of Witness Signature of Parent/Guardian

_____ _____

Printed Name of Witness Printed Name of Parent/Guardian

_____ _____

Address Address

NOTE: This Consent must be signed by ALL custodial parents or guardians of a child who is under the age of 19 years.