APPENDIX F

INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN PROGRAMS OR SPORTS-BASED TRIPS

1. **Pre-Program Review**

1.1. Not less than one month prior to departure on a program, the sponsor teacher will meet with the Principal to review and revise, as appropriate:

a. the critical incident plan to deal with health, financial or discipline emergencies, that includes a telephone tree and arrangements for two-way communication.
b. the supervision plan.
c. the list of student participants and volunteers.
d. the detailed itinerary.
e. the general state of readiness and preparedness for the Student Exchange, Sister School or Humanitarian Program.

2. **Documentation**

2.1. Prior to embarking upon the program, the sponsor teacher will provide the school administration a copy of all relevant documents for the program (the "Program File"), and specifically:

a. a list of all participants and volunteers, with medical and emergency contact information.
b. a copy of the informed consent form signed by the parent/guardian of each participating student.
c. a detailed itinerary, including transportation arrangements, accommodation, activities, with contact numbers and addresses.
d. emergency contact numbers for sponsor teacher and supervisors.
e. a copy of each student's valid passport and, if necessary, travel visa, if international travel is involved.
f. information about travel insurance and alternate destination planning.
g. A copy of the Program File will be kept by the Principal and provided to the Superintendent at least one week prior to departure.

3. **Health and Safety**

3.1. All participants in a program, including students, volunteers and the sponsor teacher, must provide confirmation of adequate health and hospital insurance coverage prior to departure.

3.2. All participants in a program must provide the sponsor teacher with information concerning any known medical or health condition that may require emergency attention during the program.

3.3. The sponsor teacher must carry with them during the program a copy of the relevant health information for students, including emergency contact information for parents/guardians and school district administration.

3.4. Prior to any international travel, the Department of Foreign Affairs and International Trade must be consulted to determine if any travel warning has been issued. Should conditions require it, the sponsor teacher should register with DFAIT (www.voyage.gc.ca) prior to departure and activate the registration with the local Canadian Consulate upon arrival.

INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN PROGRAMS OR SPORTS-BASED TRIPS
PRELIMINARY APPLICATION
STEP ONE

This form must be completed as Step One of an approval process. Approval from the Superintendent or designate must be received six months before the date of departure. Once this completed form has been approved, the program details may be confirmed and communication to student and parents/guardians can commence.

Part A:

School: _____ Date Submitted: _____

Principal: _____

Supervisor (Educator in charge): _____

Destination of Program: _____

Departure Date: _____ Return Date: _____

Grade level(s): _____ No. of students involved: _____

Approx. cost of tour: $_____ Approx. cost to students: $_____

Transportation: _____

No. of school days missed (recommended 3 days max.): _____

Source of funding: _____

Accommodation Arrangements: _____ Billet _____ Hotel/Motel _____ Camping _____ Other

- Has the proposed program been included in the overall plan for the year? _____
- Unique Risk/Safety Considerations: _____

Part B:

Please provide a detailed attachment with the following information:

1. Educational objectives/purpose of the program.
2. Proposed draft itinerary.
3. Method of financing the program.
4. Plan for supervision (include number of supervisors and names – minimum 1:10)
5. Any other pertinent information.

Permission is requested to plan the above International Student Exchange, Sister School, Humanitarian Program or Sports-Based Trip. I have read all applicable documents and addressed the responsibility of the supervisor. The preliminary International Student Exchange, Sister School, Humanitarian Program or Sports-Based Trip application form has been reviewed and parent/ legal guardian approval for student participation will be obtained. Volunteers as defined by Policy and Regulations D-111 Volunteers in Schools will obtain criminal record checks.

_____ _____

Supervisor's Signature & Print Name Date

PERMISSION GRANTED TO PLAN THE PROPOSED INTERNATIONAL STUDENT EXCHANGE TRIP

_____

Principal's Signature & Print Name Date

_____ _____

Superintendent's or Designate's Signature & Print Name Date

INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL,
HUMANITARIAN PROGRAMS OR SPORTS-BASED TRIPS
PLANNING UPDATE
STEP TWO

NOTE: Approval for a Program is a two-step process. This form must be completed as an update and is to be provided to the Principal and Superintendent or designate one month before the departure of the trip.

Please attach a copy of the approved Preliminary Application Form (Step One)

_____ _____

School **Date Final Form Submitted**

GENERAL DESCRIPTION

1. Destination _____
2. Dates of Student Exchange, Sister School or Humanitarian Program _____
3. Number of school days missed (recommended 3 days max.) _____
4. Names and grade levels of students participating. Please indicate male/female/other. (Attach list if necessary)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Final list of participants (names & phone numbers) must be submitted to the Associate Superintendent prior to departure.

5. Supervision
   a) Name of Lead Supervisor: _____
   b) Names of supervisors (indicate male/female, teacher, parent/guardian, volunteer, etc.)

_____ _____

_____ _____

_____ _____

Note: Volunteers have obtained Criminal Record Checks (as per Policy E-118). Copies attached.

   c) Names of supervisor or tour company representative with firsthand knowledge of customs and culture of country visited.

_____

6. Method of travel/transportation:

7. Brief Itinerary and Details: Please attach a detailed itinerary that contains the following information:

Destination	Accommodation	Contact Person	Phone Number	Date

PLANNING DETAILS

1. **Educational Objectives**
   a) Describe the curricular and/or extra-curricular relevance students will receive from the Student Exchange or Sister School program.

   b) What follow-up activities are planned for the students?

2. **Supervision**
   a) Proposed adult/gender/student ratio: _____ (minimum 1:10)
   b) What evidence is there that the supervising staff has the experience to assist the students in the intended outcome?

   c) What arrangements are in place to cover supervising staff's teaching assignment?

3. **Student Participation**
   What are the qualifying factors (if any) required of participating students? How were students selected?

Parents/guardians have been notified that if a student compromises safety of self or others and does not adhere to previously established expectations, that student and possibly a supervisor may be returned home at the expense of the parent/guardian.

FINANCES

1. What is the total per student cost for the International Education trip? _____
2. Of the total per student cost, how much is each student required to pay? _____
3. What is the source of funds and amounts when there is a difference between 1 and 2? _____

   _____
4. How much is the staff required to pay? _____

5. What is the total cost of the program? _____
6. If a commercial tour company has been used to assist in the arrangements, what is the name of the agency? _____. Identify the contact person and their telephone number and e-mail address. _____
7. If TTOC time is required, how will the cost be borne? _____

LIABILITY COVERAGE

1. Explain the arrangements that have been made to ensure that all participants have **adequate health insurance for travelling out of the country**.

2. What provisions have been made regarding **proof of citizenship** or immigration status, and/or required vaccinations?

Parents/guardians have been notified in writing that should the tour/program be cancelled for any reason; the district is not responsible for any costs involved.

INSURANCE AND ALTERNATE DESTINATION PLANS

Information to Parents/Guardians:

☐ Please include a sample of proposed letter or notices to parents/guardians.

Parental Consent Forms:

☐ Please include a sample of proposed parental consent forms.

RETENTION OF KEY DOCUMENTATION

Following approval from the Associate Superintendent, it is expected the Principal will retain on file all pertinent documentation. The sponsor teacher will complete all necessary forms. The Program File will be sent to the Associate Superintendent just prior to trip departure.

PRINCIPAL'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

OTHER EDUCATORS' SIGNATURES: _____

_____

_____

Upon receiving the update, the Principal will submit to the Superintendent or Designate. Once signed by the Superintendent or Designate, it will be returned to the Principal.

FINAL SIGN OFF FOR INT'L STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN PROGRAM OR SPORTS-BASED TRIP

_____	_____	_____
School	**Supervising Teacher**	**Travel Date**

Destination: _____

Purpose: _____

Date Plan and Update Signed Off: _____

Superintendent's or Designate's Signature: _____

INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN PROGRAM OR SPORTS-BASED TRIP
FINAL CHECKLIST

This checklist must be submitted to School Administrator at least one week prior to departure. Label folder/binder with school name, location and dates of travel.

- ☐ Copy of signed informed consent forms
- ☐ Detailed trip Itinerary – includes name of accommodation and contact numbers
- ☐ List and phone numbers of accommodations
- ☐ Transportation schedules, including any flight numbers, bus and/or train schedules. Please also include company names
- ☐ Insurance and Alternate Destination Plans
- ☐ List of students, gender, grade levels and home/cell contact phone numbers for time of travel
- ☐ List of all supervisors and chaperones
- ☐ If using a travel company, include name and contact numbers of tour guides.
- ☐ Confirm with students/parents/guardians all medical and necessary trip insurance.
- ☐ Acknowledgement of Risk/Consent form for outdoor or indoor activities that involve significant risk (if applicable).
- ☐ Understanding of travel insurance and parent responsibility.
    - ☐ Completed First aid risk Assessment
    - ☐ Completed Risk Assessment for Potential Violent Interactions with Public
    - ☐ Completed Student Transportation in Employee Vehicle Risk Assessment

School District #62 (Sooke)

MODERATE RISK FIELD TRIP APPROVAL FORM FOR INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN PROGRAM OR SPORTS-BASED TRIPS

- 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 or designate).
- 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 45 days prior to trip)
Required only for field trips that are International Student Exchange, Sister School, Humanitarian or Sports-Based, 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:**_____
Print name **Print name**

_____ _____
Leader's Signature Principal's Signature

School District No. 62 (Sooke)

MODERATE RISK FIELD TRIP – INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN PROGRAM OR SPORTS-BASED TRIPS 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.

SCHOOL: _____ DATE OF TRIP: _____

DESTINATION:_____ PURPOSE: _____

SUPERVISORS: _____ _____ _____

_____ _____ _____

_____ _____ _____

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___

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

TEACHER'S SIGNATURE: _____

PRINCIPAL'S SIGNATURE INDICATING PLANNING COMPLETE: _____

DATE: _____

School Travel Activity Checklist – Moderate Risk – Int'l Student Exchange, Sister School, Humanitarian or Int'l Sport-Based Trips

RATIONALE

- ☐ 1. Is trip consistent with Board policy?
  2. Has appropriate permission been received?
    - ☐ a. Principal
    - ☐ b. Superintendent/designate approval
    - ☐ c. Parent/guardian consent
- ☐ 3. Have provisions been made for non-participating students who remain at school?

SAFETY KIT – TO BE BROUGHT BY TRIP LEADER

- ☐ 1. First Aid Kit
- ☐ 2. Charged cell phone Cell Number_____
- ☐ 3. Emergency contact numbers for school & emergency services on a separate sheet of paper
- ☐ 4. Medical information and contacts for each student
- ☐ 5. Emergency Plan for trip (what to do in the event of an emergency)
- 6. Have destination contact persons, addresses and phone numbers been:
    - ☐ carried on trip?
    - ☐ filed at school?
    - ☐ given to parents/guardians?

COMMUNICATION WITH PARENTS/GUARDIANS

- 1. Date of Parent/Guardian Information Meeting: _____
    - ☐ Are parental/guardian permission slips on file for participating students?
- 2. Has a detailed trip itinerary been:
    - ☐ filed at school?
    - ☐ 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 students/parents/guardians been provided with equipment list?
- ☐ 6. Have provisions been made to check student preparation before trip date?
- ☐ 7. For lone or extended trips has the supervisor a list of medical numbers and insurance coverage?
- ☐ 8. Have procedures for serious behaviour problems been communicated to the parent/guardian?

TEACHER-ON-CALL

- ☐ 1. Is a TTOC needed? Yes_____ No_____
- ☐ 2. Has a TTOC been booked? Yes_____ No_____
- ☐ 3. Has funding been approved by the Principal? Yes_____ No_____

SUPERVISION

- ☐ 1. Have all supervisors been briefed on their responsibilities and trip details?
- ☐ 2. Are supervisors provided with student/billet accommodation lists?
- ☐ 3. Have provisions been made for supervision during structured and unstructured time?
- ☐ 4. Curfew times/billets detailed?
- ☐ 5. Are supervisors of both sexes required? (sports constitution requirement)
- ☐ 6. Do supervisors have Criminal Record Checks?

***School Travel Activity Checklist – Moderate Risk – Int'l Student Exchange, Sister School, Humanitarian or Int'l Sport-Based Trips* (continued)**

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 at to determine;
  - Correct level of first aid kit and
  - Correct level of First Aid Attendant 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 brought on the field trip.***
- ☐ 5. Is the Supervisor familiar with the route/destination?

FUNDING

- ☐ 1. Has funding for the trip been obtained in accordance with Board policy?
- ☐ 2. Are payment methods organized for the trip?
- ☐ 3. Has an itemized budget been filed?
- ☐ 4. Ensure all receipts are turned into the office.
- ☐ 5. I have looked into funding options/alternatives for students who can't afford this.

TRANSPORTATION

- 1. If you require a bus:
  - ☐ Fill out bus request form and then give it to Principal for signature. Form is located _____. *The **form needs an account number** before it can be booked.*
  - The School Secretary will book the bus(es).
- 2. If you use Parent/Guardian drivers:
  - ☐ Request that insurance and licence be presented to the office. They will be photocopied and placed in binder.
  - ☐ Check insurance for valid dates and minimum $1,000,000.00 liability coverage ($2,000,000.00 is preferred).
  - ☐ Send list of parent drivers to office at least three days before 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?
- ☐ 5. Are drivers given clear directions regarding routes and stops?
- ☐ 6. If using Charter Buses/rental vehicles, have safety inspection for school bus been approved and on file with SBO?
- ☐ 7. If more than one vehicle is being used, is list on file showing who is in which vehicle?
  - ☐ a. If any student changes vehicles, a record of this change must be made and communicated to each supervisor.
- ☐ 8. Is list of students going, and home telephone numbers been filed in school office?
- ☐ 9. Does means of transport have adequate luggage/equipment storage?
- ☐ 10. Are arrangements made well in advance for meals enroute?
- ☐ 11. Will there be access to the school on departure or return?
- ☐ 12. Have provisions been made to deal with the

- ☐ a. alarm system?
- ☐ b. fire gates?

SCHOOL CONSENT FORM
FOR CHILD PARTICIPATING IN MODERATE RISK
INTERNATIONAL STUDENT EXCHANGE, SISTER SCHOOL, HUMANITARIAN
PROGRAM OR INTERNATIONAL SPORTS-BASED 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 transport, 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 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: _____ _____ Initial
(provide specific and comprehensive information on any risks that are applicable. Some examples follow.)

- 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 either part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child. _____ Initial

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. 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.