

Field Trips and Excursions

Administrative Procedure 8.080

Board Governance Policy Cross Reference: 1, 2, 3, 4, 12, 13, 16, 17

**Legal Reference: Appropriate Educational Programming, YouthSafe
Manitoba School Field Trip Resource.**

Date Adopted: June, 2012

Date Reviewed:

Date Amended: April, 2019; January, 2021; November, 2023

Field trips shall be planned and conducted in accordance with the following regulations. Students' safety shall be the primary consideration on all field trips. Schools must ensure that field trips reasonably accommodate the needs of all students.

Field Trip Definition: Activities that occur through the school, at off-site destinations – local through international.

1. All overnight field trips require the approval of the superintendent. The request for overnight field trips must be received by the Superintendent **at least 2 weeks** prior to the departure date. The field trip request package will be sent back to the principal with approval or denial of the trip.
2. All out of province/out of country field trips require approval of the Board. Follow Administrative Procedure 8.081. A letter will be sent to the school principal and a carbon copy will be sent to the requester from the SDML executive assistant, stating whether the trip has been approved or denied.
3. If the requester is uncertain about approval or denial of a trip, he/she should contact the school principal who will get this information from the School Board office on the requester's behalf.
4. Private vehicles must follow Use of Private Vehicles for Extracurricular Trips Administrative Procedure.
5. All field trips shall be supervised by a teacher (exceptions may be considered for students with individual programming needs). All overnight trips involving female participants shall be accompanied by a female supervisor. All overnight trips involving male participants shall be accompanied by a male supervisor.

- In addition to the supervising teacher, adult volunteers may accompany each class on field trips. Teachers are responsible for informing the adults of their duties and responsibilities when they volunteer to assist with a field trip, and for informing the students of the names and authority of all supervisors on each trip. Teachers should take into consideration the risk involved in the field trip before determining the number of adult supervisors. High risk should have increased adult supervision.
6.
 - a) All teachers must complete a Field Trip Proposal Form and receive Principal approval. The Detailed Trip Plan Form must be completed for Higher Care Outings that involve overnight stays and higher risk outdoor activities.
 - b) The Field Trip Checklist must be completed for Higher Care Outings and must receive Principal approval.
 7. The teacher organizing any trip will provide the parents/guardians with information including the purpose and destination of the trip, eating arrangements, transportation arrangements, date and time of departure and estimated time of return. This is done on the parent acknowledgement of consent form.

When a field trip will extend beyond the school day, a detailed itinerary will be provided with a contact (telephone) number in case of emergencies.
 8. A signed parent /guardian consent/information slip is required from each student participating in a trip, except for:
 - a) students participating in all inter-collegiate sports programs – in this case, only one form is required per school year.
 - b) students participating in supervised activities off school property, but within the school's community (if parents have granted permission on the Student Registration Form.)
 9. Participating students may be required to pay a share of costs for transportation, admission fees, etc.
 10. The teacher shall review, in advance of each trip, the acceptable standards of conduct while on trips. The teacher has responsibility for the conduct of the students. Students who do not abide by the rules of conduct may be excluded from field trips.
 11. The teacher organizing a trip or excursion and the principal of the school shall outline activities for any students from the class who are not participating in the trip or excursion.

12. The “buddy system”, or partners, is recommended to assure constant awareness of each student’s whereabouts, needs and participation.
13. Should an emergency situation occur, the teacher shall notify the principal (or designate) as soon as possible.
14. Students will not be permitted to leave the field trip group during the trip, unless prior written arrangements have been made by the parents/guardians.
15. When students return to the school from the trip after school hours, the teacher and principal shall make provisions for their safe departure home, taking into account the age of the students and the hour.
16. The Principal shall be responsible for keeping a record of all students on any sports or field trip and have a copy of this list in the school office.

The specific descriptors, procedures, and forms for the following are included on the next pages of the document;

- Supervision/Ratio Calculation Tool
- Local, Low-risk Day Trips proposal
- Higher Care Outings proposal
- Detailed Trip Plan
- Parent/Guardian Acknowledgement of risk
 - Form A
 - Form B
- Field Trip Checklist

Supervision Ratio Calculation Tool

	Factors to Assess	Low Risk	0 points	Moderate Risk	1 point	Higher Risk	2 points	Comments
Main-date	Educational value of the activity	High value		Some value		Limited value		
	Support of activity by parents/guardians	High support		Moderate support		Low support		
Leadership Factors	Teacher/leader (T/L) relevant knowledge	Very knowledgeable		Adequate knowledge		Limited knowledge		
	T/L relevant health and fitness	Very healthy/fit		Adequate health/fitness		Lim'd health/fitness		
	T/L relevant specific skills	Very skilled		Adequate skills		Limited skills		
	T/L relevant experience	>20 days/last 3 yrs.		5-19 days in last 3 yrs.		<5 days/last 3 yrs.		
	Capability of assistant leaders/chaperones	Very capable		Adequate capability		Limited capability		
Student Factors	Student age/grade	Senior Years		Middle Years		Early Years		
	Student relevant knowledge	Very knowledgeable		Adequate knowledge		Limited knowledge		
	Student relevant health and fitness	Very healthy/fit		Adequate health/fitness		Lim'd health/fitness		
	Student relevant specific skill	Very skilled		Adequate skills		Limited skills		
	Student relevant experience	>20 days/last 3 yrs.		5-19 days in last 3 yrs.		<5 days/last 3 yrs.		
	Student clothing / footwear adequacy	Good quantity/quality		Adequate quantity/quality		Lim'd quant./qual.		
	Student behavioral propensities	Mature		Adequate maturity		Immature		
	Presence of special needs students	None		1 special needs student		More than 1		
Trip / Activity Specific Factors	Group equipment adequacy	Good quant./qual.		Adequate equipment		Limited quant./qual.		
	Emergency / first aid capacity (kit & skill)	Good quant./qual.		Adequate quant./qual.		Lim'd quant./qual.		
	Nature of the activity(ies)	Low inherent risk		Some inherent risk		Signif't inherent risk		
	Nature of the environment	Low inherent risk		Some inherent risk		Signif't inherent risk		
	Familiarity with site/area & similar areas	Very familiar		Some familiarity		Low familiarity		
	Duration of the outing	Day trip		Overnight		>2 days and 2 nights		
	Season (assuming Manitoba)	Sept.-Oct./May-June		Nov., Mar.-April		Dec.-Feb.		
	Anticipated weather	Mild/seasonal		Some concern		Cold/wet/stormy		
	External Communications Capacity	Immediate/reliable		Some concern(s)		Poor or unreliable		
	Time/distance from EMS arrival	<30 mins.		30 mins. – 2 hrs.		>2 hours		
				Subtotal				
						Moderate + High		
						Overall Risk Rating		

Assuming there are no more than three higher risk factors and none of the higher risk factors are extreme (e.g., severe weather, several immature and/or aggressive students), the table below can be used as a general guideline to help determine leader to student ratios. See notes following for qualifications.	Total Points	Overall Trip Risk Rating	Suggested Minimum Ratio*
	< 10	Low	1:20
	11-20	Moderate	1:15
	21-30	Higher	1:10 for Grade 4-12, excessive risk for K-3
	>30	Excessive for a school outing	Reduce risk factors or cancel

Note: This is a tool, not a precision measurement device. Use judgement and adapt as appropriate to the context at hand.



School District of Mystery Lake

Field Trip Proposal Form A (Local, Low-risk Daytrip)

The following form is required for use by teachers/leaders as they prepare a trip proposal for a local, low-risk daytrip (e.g. bus trip to see a dinosaur exhibit at the museum, short walk through a quiet neighborhood to a local park for an art sketching activity). This is the document that a principal or central administrator would review to determine if the proposed trip meets the standard of care for planning of such ventures.

Teachers/leaders completing such forms should be reminded that all field trips involve some risks. They need to identify and plan for the real risks (e.g. vehicular incident (whether driving or walking), a student getting lost or separated from the group) just as seriously as those who are planning outings involving outdoor pursuits, aquatics and/or outings to more remote environments.

Most of the information needed to prepare for aspects such as equipment, facility, service providers, transport, supervision, instruction, and injury procedures, etc. is contained in the *General Considerations for Off-Site Activities in YouthSafe Manitoba: Safety First! Guidelines for School Field Trips*.

Notes: The educational value of a field trip should include referencing of specific Student Learning Outcomes from the Manitoba Curriculum. In addition, *YouthSafe Manitoba: Safety First! Guidelines* includes a comprehensive list of potential rationale for field trips that may or may not be reflected in specific terms in the curriculum.

Curricular connections refer to elements from other relevant curricula. For example, journaling over a backpacking trip may help the students meet one or more Language Arts outcomes, and their study of ecology of the flora and fauna in the area explored may contribute to some of the stated outcomes in the Science curriculum.



**School District of Mystery Lake
Field Trip Proposal Form B
(Local, Low-Risk Daytrip)**



School:							
Teacher-In-Charge:							
Phone:		Fax:		E-Mail:			
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 rows if needed)		Staff (S)/Volunteer (V) / Other(O)	GENDER: M/F
Teacher-in-Charge:			
Other Supervisor:			
Other Supervisor:			
Other Supervisor:			
Total # 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 <input type="checkbox"/> Other: (specify):	SOURCES OF FUNDING: (ie. cost/student, other sources)
DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) <input type="checkbox"/> Other(specify):	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:

EDUCATIONAL VALUE: Goals and/or Student Learning Outcomes:

SAFETY GUIDELINES: I have reviewed and applied relevant board policies, division procedures and the <i>Youth Safe Manitoba: Safety First! Guidelines for School Field Trips (2004)</i> : Yes <input type="checkbox"/> No <input type="checkbox"/>
SAFETY PLAN: Briefly describe (or attach in Trip Plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity and/or group.

VOLUNTEER

Process to identify volunteer candidates:

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

<input type="checkbox"/> Background Check	<input type="checkbox"/> Reference Check	<input type="checkbox"/> Criminal Records Check	<input type="checkbox"/> Child Abuse Registry Check
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Volunteer briefing process re: their roles and responsibilities (eg. briefing to be conducted when, where, how, by whom):

SUPERVISION PLAN

Briefly describe the supervision processes to be used: eg. 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 PLANFirst Aid kit(s) carried (stocked and accessible): Yes NoIndividual Health Care Plans Reviewed: Yes No

Emergency communications equipment carried and/or accessible (check any and all that apply):

 Telephone Cell Phone Service Provider Responsibility None Other (specify):

Name of Primary First Aider:

Certification Held:

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

<input type="checkbox"/> Program/Activity/Trip Plan	<input type="checkbox"/> Volunteer Screening Form
<input type="checkbox"/> Parent/Guardian Correspondence	<input type="checkbox"/> Volunteer Driver Authorization Application Form
<input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form	<input type="checkbox"/> Service Provider Master Agreement and/or Contract
<input type="checkbox"/> 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



School District of Mystery Lake

Field Trip Proposal Form B (Higher Care Outings)

This form has been developed to help a teacher/leader articulate the who, what, where, when, why, and how of a field trip that involves a higher care activity (e.g., outdoor pursuits, aquatics) and /or environment (e.g., semi-remote to remote). A few examples of trips where this form would be appropriate would include a daytrip to a local swimming pool, an overnight science expedition to study geomorphology in a relatively remote wilderness area, a three-day cross-country ski tour in provincial park area, an exchange trip to Quebec, or a school band performance tour to the United States.

Once a teacher completes this form and submits it to the school principal and/or designate, the administrator should review it along with the attachments accompanying it. The Field Trip Checklist form contained in this file may help the reviewer determine if they have sufficient information about the trip and/or to identify areas that require clarification and/or additional planning.

School District of Mystery Lake requires District approval of overnight and Board approval for out of province / out of country field trips.



**School District of Mystery Lake
Field Trip Proposal Form B
(Higher Care Outings)**



School:							
Teacher-In-Charge:							
Phone:		Fax:		E-Mail:			
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 rows if needed)		Staff (S)/Volunteer (V) / Other(O)	GENDER: M/F
Teacher-in-Charge:			
Other Supervisor:			
Other Supervisor:			
Other Supervisor:			
Total # 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 <input type="checkbox"/> Other: (specify):	SOURCES OF FUNDING: (ie. cost/student, other sources)
DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) <input type="checkbox"/> Other(specify):	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:

EDUCATIONAL VALUE: Goals and/or Student Learning Outcomes: Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card): Student Preparation (E.G., re: knowledge, skills, attitudes, fitness): Follow-up activity(ies) that will occur:
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SAFETY GUIDELINES: I have reviewed and applied relevant board policies, division procedures and the <i>Youth Safe Manitoba: Safety First! Guidelines for School Field Trips (2004)</i> : Yes <input type="checkbox"/> No <input type="checkbox"/>
SAFETY PLAN: Briefly describe (or attach in Trip Plan) the risk assessment and safety planning process to address any key risks related to:

Environment(e.g., weather, terrain/site, wildlife):

Activity (e.g., transportation, outdoor pursuits/aquatic specific):

Group (e.g., clothing, equipment, water, food, behavior):

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 (eg. briefing to be conducted when, where, how, by whom):

SUPERVISION PLAN

Briefly describe the supervision processes to be used: eg. 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
Individual Health Care Plans Reviewed: Yes No

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

Cell Phone Satellite Phone Radio (VHF, UHF) Family Radio Service 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
 Itinerary Card
 Assessing Teacher/Leader Competency Form
 Parent/Guardian Correspondence
 Other (specify):

Parental Consent and Acknowledgement of Risk Form
 Volunteer Consent and Acknowledgement of Risk Form
 Volunteer Driver Authorization Application Form
 Service Provider Master Agreement and/or Contract

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



School District of Mystery Lake *Detailed Trip Plan Form*

The purpose of this form is to help support a teacher/leader in doing the step-by-step detailed planning related to higher care outings (e.g., involving outdoor pursuits, aquatics and/or semi-remote to remote environment). This form is meant to augment a Field Trip Proposal Form B. The information collected on the Proposal Form is not repeated here for the most part, so this form is not a replacement for the Proposal Form. A school-level administrator (and division/district level if a second set of checks and balances are required for the particular trip) will review the completed Detailed Trip Plan as an attachment to the Field Trip Proposal Form B submitted where required.

As part of preparing the students and/or if a Parent/Guardian Meeting is held, all or part of the Detailed Trip Plan may be put on a PowerPoint or overheads, and/or handed out and discussed. Some information (e.g., weather forecasts, road conditions) may not be available yet, but the teacher/leader can share the intention to check these aspects at an appropriate time.

Notes:

The Safety Plan component may be done quickly and effectively by:

- a) creating a new file on your computer (e.g., Detailed Trip Plan for Trip X),
- b) highlighting and copying the Detailed Trip Plan Form from the following pages of this *Forms File*,
- c) pasting this copy of the Detailed Trip Planning form into the newly created file,
- d) opening the *Trip Leadership Resource* and highlighting and copying the relevant information and safety precautions tables from that resource,
- e) pasting this copied material into the appropriate cells of Detailed Trip Plan for Trip X created, and
- f) editing the content as appropriate.

The Gear List and First Aid Kit List appropriate to the trip can also each be highlighted and copied from the *Trip Leadership Resource* and appended to the Detailed Trip Plan for Trip X, editing as appropriate.

Detailed Trip Plan Form

Complete if program/activity involves an overnight or longer outing AND/OR other higher care activities. See the *Forms File* for a modifiable version of this form. Submit the completed form with the Field Trip Proposal Form B and Itinerary Card. 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: Yes No

Comments:

Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Yes No

Comments:

Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: Yes No

All trip supervisors aware of location of forms and copies left with school contact:

Yes No

TRANSPORTATION

Appropriate mode of transportation and driver(s) available for group: Yes No

Parent/guardian approval of mode of transportation sought: Yes No

Driver(s) briefed re: route and safety expectations (see *Safety First!*) Yes No

EQUIPMENT/SUPPLIES (attach gear list and complete the following)

Group Equipment Checked Yes No Deficiencies Addressed Yes No

Student Clothing/Equipment Checked Yes No Deficiencies Addressed Yes No

First Aid/Repair & Survival Kits Check Yes No Deficiencies Addressed Yes 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 (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				

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):

Winter Road Conditions Report (from CAA, RCMP or other reliable source):

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 HAZARDS	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):



School District of Mystery Lake

OFF-SITE ACTIVITY(IES)

CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

Low Risk

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	
Destination/Activity _____	Date(s): _____ <u>OR</u>
Series of Off-Site Activities (specify program): _____	
Purpose or Educational Goal(s): _____	
Itinerary / Activities: _____	
Method of Transportation: _____ By: _____	
Teacher-In-Charge: _____	Total No. of Supervisors Planned: _____
Supervisory Arrangements: _____	
Cost to the Student: _____ What to Bring: _____	
Other Considerations: _____	

SCHOOL RESPONSIBILITIES

The school 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. 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.
2. 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 associated to his/her participation.
3. 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 provider's administrators, instructors, and supervisors over all phases of the program/activity.

4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I consent that the school, 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.
7. Based on my understanding, acknowledgement, and consents as described herein,

I agree that (Name of Student)				has my permission to participate in the (Destination/Program)	
		Field trip/activity.			
Date		Name (Please Print):		Signature:	

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space needed)					
Student Name:			Birth Date:		
Manitoba Health Registration No. (6 digits)				Manitoba PHIN (9 digits)	
Student Accident Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Allergies (E.g., specific drugs, certain foods, insect stings, hay fever) Specify:					
Reaction(s) to above?					
Carries Epi pen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Carries Ana Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical/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 modifications 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)

The personal information contained on this form is collected under the authority of the Public School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.



School District of Mystery Lake
OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK
Higher Care Outings

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): _____ <u>OR</u> Series of Off-Site Activities (specify program): _____ Teacher-In- Charge: _____ Phone: _____ Email: _____
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SCHOOL RESPONSIBILITIES

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

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- 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: _____
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CONSENT AND ACKNOWLEDGEMENT OF RISK

- Mode of Transportation: _____
By: _____
- I accept this mode of transportation for this activity: Yes No
If no, specify alternative: _____
- 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.
- 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 associated to his/her participation.
- 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 provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.

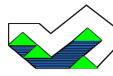
7. I acknowledge that it is my duty to advise the school of any medical and/or health concerns of my child that may affect his/her participation.
8. I acknowledge that the school may choose to cancel the trip if travel conditions are dangerous for whatsoever reason, deemed unsafe (e.g. weather, health advisory). I accept that the school will not be liable for any costs associated with such a cancellation.
9. I consent that the school, 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 needed)							
Student Name:				Birth Date:			
Manitoba Health Registration No. (6 digits)					Manitoba PHIN (9 digits)		
Student Accident Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Allergies (E.g., specific drugs, certain foods, insect stings, hay fever) Specify:							
Reaction(s) to above?							
Carries Epi pen? <input type="checkbox"/> Yes <input type="checkbox"/> No				Carries Ana Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical/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 modifications 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)	

The personal information contained on this form is collected under the authority of the Public School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.

10.6 Appendix F



School District of Mystery Lake Field Trip Checklist

The purpose of this tool is to assist teachers/leaders and schools planning trips and/or division level administrators and/or boards to ascertain that a proposed field trip is well planned with respect to safety. It is up to the teacher-in-charge or trip leader to provide sufficient information on the form and in related attachments so that the administrator can be confident each item has been or will be adequately addressed.

The intent is not for administrators and boards to look for reasons to refuse a request for a trip by finding one or two things incomplete or inadequate in the trip plan. Again, in the spirit of supporting excellence in education, administrators are encouraged to use this tool where and when appropriate to work with the teacher/leader within a **Getting to Yes** philosophy. If a gap emerges, work together to fill it and get on with it.

Not all items will be relevant to local, low-risk outings. Also, it will likely prove redundant and frustrating if administrators require experienced teachers with excellent safety records to provide full, written documents to support every point, especially for lower-risk common outings. Use common sense. Tools such as this are intended to enhance safety where there are a lot on unknowns, not build barriers to otherwise long-running safe programs. Work with staff to set **reasonable** expectations for documentation.

To use this tool, the teacher/leader or reviewing administrator may simply place a checkmark in the checkbox column for items that have been satisfactorily “met”, an “X” if not achieved, a “?” if unsure based on the information available, and a “-“ if the item is not applicable. The items marked “X” or “?” may then be further completed (teacher/leader) or if form is being used by a reviewing administrator, discussed with the teacher/leader, or directed back to them for further attention/clarification.



**School District of Mystery Lake
FIELD TRIP APPROVAL
CHECKLIST**

✓ = *Met*
X = *Not Met*
? = *Need More Information*
- = *Not Applicable*

Met Criteria

- Administrative process respected (e.g., proposal submitted to appropriate administrator in time to be considered)
- Field trip accessibility/eligibility policy addressed (e.g., equal access; voluntary participation, if appropriate; alternative activity for non-participants)
- Educational value of the trip is evident (e.g., goals, student learning outcomes, curricular connections)
- Trip is appropriate for the students (e.g., age/grade, preparation, and follow-up)
- Duration of the trip is appropriate and can be accommodated in the school calendar
- Destination or route adequately assessed (through pre-visit or other data collection) and appears appropriate
- Itinerary and activities are outlined and fit the objectives
- The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- Information to be given parents is appropriate for the type/duration of trip
- Parent information meeting date is planned, if holding one is appropriate for the trip (e.g. overnight trip)
- Parental consents to be collected (e.g., consent to attend, acknowledgement of risk, consent to secure medical treatment)
- Relevant student health and medical information to be secured from parents
- Every student is covered through the MSBA Universal Student Travel Health Insurance Plan. Students travelling in Canada or Internationally have Emergency Medical, Trip Cancellation/Interruption and Baggage insurance. No additional insurance is required to be purchased and no travel manifests are required to be completed and/or submitted.
To be eligible for coverage under the Universal Student Travel Health Plan each student must: Be a resident of Canada under 69 years of age, be insured under a provincial government health plan, be a in full-time attendance in the School District of Mystery Lake.
If the student does not meet all of the above criteria, coverage cannot be purchased under the MSBA plans. The student can contact HUB International at emerge@hubinternational.com to investigate individual coverage options.
- Budget and financial arrangements appropriate
- Transportation arrangements acceptable (type of vehicle and type of driver) and parental consent secured
- Special needs issues are addressed
- Plan in place to seek appropriate parental consents if private vehicles are to be used
- Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas
- Plan to ensure all participants are clear re: behavioral expectations and consequences
- If overnighing, accommodations arrangements are acceptable, (e.g., hygiene, potable water, food preparation)
- Teacher/leader is competent to instruct/lead the particular group in the identified activity(ies) and environment(s)
- Plan in place to brief supervisors re: trip purpose, logistics, roles/responsibilities, safety

- plan, emergency plan, etc.
- 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)
- Confirmation of the presence of appropriate 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 parental consent forms, passenger manifestos, and names of no-shows.
- Is there appropriate plan in place to evaluate the trip (e.g. criteria for success, process to evaluate)
- Other relevant information unique to the particular trip. Specify: _____

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

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