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| **LOW RISK OFF-SITE ACTIVITY INFORMATION** | | | | | | | |
| *Name of trip AND destination(s)* | | | | | | | |
| *Departure date(s)* | *Departure time(s)* | | | *Return time(s)* | | *Accommodation*  *(if staying overnight)* | |
| *Lead teacher/organizer* | | | | | | | |
| *Phone* | | *Email* | | | | | |
| *Curricular Connections* | | | | | | | |
| *Grade* | | *# of students* | | | | | |
| **Supervisors’ Names**  *(Please print; add rows if needed)* | | | **Staff (S)** | | **Volunteer (V)** | | **Contact Information**  **(C) – cell phone**  **(A) – alternate #**  **(E) - email** |
| *Lead teacher* | | |  | |  | | **(C)**  **(A)**  **(E)** |
| *Other Staff* | | |  | |  | | **(C)**  **(A)**  **(E)** |
| *Other Supervisor* | | |  | |  | | **(C)**  **(A)**  **(E)** |
| *Other Supervisor* | | |  | |  | | **(C)**  **(A)**  **(E)** |
| *Total number of supervisors* | | |  | |  | |  |
| *Name of service provider (SP) (if applicable)* | | | *SP contact person* | | | | *SP phone* |

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| **Transportation** *(Check all that apply)* | |
| **Method** | |
|  | Walking |
|  | Board-owned bus (professional driver) |
|  | Public Transportation (professional driver |
|  | Charter bus (professional driver) |
|  | Transportation not provided; Participants responsible for own transportation |
|  | Other (i.e by service provider) |
| *Total cost and estimates for major budget items (e.g. food, gas, etc.)* | |
| *Sources of funding (i.e., cost/student, other sources)* | |
| Equal access for all students:  Yes  No  See attached | |
| Diverse needs addressed:  Yes  No  N/A  See attached | |
| *Contingency plan* | |
| **Safety Guidelines** | |
| I am familiar with relevant board policies, district practices and procedures and the *YouthSafe Outdoors: Safety First!Guidelines for BC School Off-site Experiences*:  Yes  No | |
| **Supervision Plan and Site Assessment** | |
| *Briefly describe the supervision plan, processes, and site assessment to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system;level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant, proximity of communication, site risks, evacuation and emergency services access, washrooms and shelters.*  *Supervision ratios (if supervision ratios are below the guidelines, the Superintendent needs to sign off on trip):* | |

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| **Volunteer Plan** *(If relevant)* | | | | | | |
| *Process to identify, screen if/as appropriate*  Criminal Records Check  Child Protection Training | | | | | | |
| *Volunteer briefing process re: their roles and responsibilities (e.g. briefing to be conducted when, where, how, by whom)* | | | | | | |
| **Emergency Plan** | | | | | | |
| First Aid kit(s) (stocked and carried/accessible):  Yes  No | | | | | | |
| Emergency communications equipment carried and/or accessible (check any and all that apply):   Telephone  Cell phone  Service Provider Responsibility  None  Other (specify): | | | | | | |
| *Contacts and numbers, if relevant* | | | | | | |
| *Name of Primary First Aider, if relevant* | | | *Certification(s) Held, if any* | | | |
| **Attachments Checklist** *(Check all that apply and attach to this form)* | | | | | | |
|  | A copy of form 8600.2 Parent/Guardian informed consent and acknowledgement of risk for low risk field  trips (template only) | | |  | Service Provider Proposal, Agreement and/or Contract (if applicable) | |
|  | Completed *Checklist for Local Low Risk Off-site Activities* attached | | |  | *Attach bus manifest* | |
|  | Relevant *Safety First!* Guidelines for the activities/outings attached. *(highlight, copy and pasteand save it in trip folder for submission)* | | |  | Other (specify): | |
|  | *Volunteer Driver Application* form (if applicable) | | |  |
| **Evaluation** | | | | | | |
| *Criteria for success of off-site experience* | | | | | | |
| *Process to determine success* | | | | | | |
| *Name of Lead Teacher (please print)* | | *Date (yyyy/mm/dd)* | | | | *Signature* |
| *Name of Administrator (please print)* | | *Date (yyyy/mm/dd)* | | | | *Signature* |

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|  | | **CHECKLIST FOR LOCAL LOW RISK OFF-SITE ACTIVITIES** | | |  |
| Y = Met | X = Not Met | | ? = Need More Information | – = Not Applicable |  |
| **Met** | **Criteria** | | | | |
|  | Program and activity are sanctioned by the board | | | | |
|  | Educational and/or other value of the activity is evident (e.g., goals, objectives) | | | | |
|  | The location/facility is assessed and appropriate for the students (e.g., sufficiently clean; hazards removed or identified to students) | | | | |
|  | Accessibility/eligibility addressed (e.g., voluntary participation, diverse needs addressed) | | | | |
|  | Students adequately prepared for activity (e.g., age, knowledge, skills, attitudes, fitness, clothing, equipment, follow-up) | | | | |
|  | Duration of the activity is appropriate for the group and environmental conditions | | | | |
|  | Equipment and supplies are adequate in quantity and quality and suitably arranged for the activity | | | | |
|  | Number of supervisors and supervision plan is appropriate for group, activities and location | | | | |
|  | Students have been informed re: rules, behavioral expectations, and consequences | | | | |
|  | An instructional/leadership plan is in place that is appropriate to the students’ age, experience and ability | | | | |
|  | The teachers/leaders are competent for the particular group in the activity(ies) and location | | | | |
|  | Inherent risks present have been identified and shared with parents/guardians and students | | | | |
|  | Ensure volunteers have completed CRCs and child protection training | | | | |
|  | A plan is in place to brief new volunteers re: activity, logistics, roles/responsibilities, safety plan, emergency plan, etc. | | | | |
|  | Safety/risk management plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments, and students) | | | | |
|  | Any special or unique circumstances of the day are noted and a plan to manage these in place (e.g., regular teacher absent; a student with an injury or predisposing condition) | | | | |
|  | Appropriate alternative contingency plan(s) are in place in the event the activity cannot proceed | | | | |
|  | Emergency plan is in place to deal with injured/ill/lost/stranded student(s) (e.g., training, kits, communications plan, back-up transportation, Emergency Services access); and has been reviewed with all leaders and volunteers. | | | | |
|  | Teachers/leaders understand the communications plan (who to call for what, contact names and numbers, and location ofnearest communications equipment) | | | | |
|  | Relevant student health and medical information, and parent/guardian and emergency contacts of students is at hand (or easily accessible at school) if needed (e.g., injury, illness, failure to pick up after program) | | | | |
|  | First aid kit is stocked and accessible | | | | |
|  | Budget and financial arrangements are managed if and as appropriate (e.g., receipts for supplies) | | | | |
|  | Other relevant information unique to the activity, location or group. Specify: | | | | |
| *Comments* | | | | | |