|  |  |  |  |
| --- | --- | --- | --- |
| **HIGHER CARE FIELD TRIP OR TRAVEL EXCURSION INFORMATION** | | | |
| *Name of trip AND destination(s)*  ***Columbia Outdoor School and Blue Lake Camp*** | | | |
| *Departure date (yyyy/mm/dd)* | *Departure time* | *Return date (yyyy/mm/dd)* | *Return time* |
| *Grade* | | *# of students* | |

|  |  |
| --- | --- |
| **Educational Value** | |
| *Purpose of trip – Curricular connections, competencies, and content* | *Student preparation (i.e. re: knowledge, skills, attitudes, fitness)* |
| *Activity(ies) that will occur* | *Follow-up activity(ies) that will occur)* |

|  |
| --- |
| Equal access for all students:  Yes  No  See attached |
|  |
| **Evaluation** |
| *Criteria for success of off-site experience* |
| *Process to determine success* |

|  |  |  |
| --- | --- | --- |
| **Approval** | | |
| *Name of Lead Teacher (please print)* | *Date (yyyy/mm/dd)* | *Signature* |
| *Name of Administrator (please print)* | *Date (yyyy/mm/dd)* | *Signature* |
| *Superintendent of Schools (to be sent for approval no later than* ***two months*** *before planned activity)* | *Date (yyyy/mm/dd)* | *Signature* |
| *Field Trip Committee (Include correspondence or date of Field Trip Committee meeting approval)* |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | |
| **Supervisors’ Names (please indicate if they are Staff (S), Volunteer (V),**  **Other (O)** | ***Role/***  ***Responsibilities/***  ***Duties*** | **Capacities (relevant knowledge, skills, fitness and experience)** | | **Contact information**  **C – cell**  **A – alternate #**  **E - email** |
| *Lead teacher/organizer*  *Please attach relevant training and certification to form* |  |  | | (C)  (A)  (E) |
| *Principal (participating in activity?)* |  |  | | (C)  (A)  (E) |
| *Other Supervisor* |  |  | | (C)  (A)  (E) |
| *Other Supervisor* |  |  | | (C)  (A)  (E) |
| *Assistants / Volunteers* |  |  | | |
| *Assistants / Volunteers* |  | |  | |
| *Name of service provider (SP) (if applicable)* | *SP contact person* | | *SP phone* | |
| *Total number of supervisors* |  | | | |
| **Supervision Plan and Site Assessment.** | | | | |
| *Briefly describe the supervision 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. Please list features of the site, such as, availability of communication, distance and time from emergency service, emergency access, site risks, etc.* | | | | |
| **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)* | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Communications Plan** | | | | | | |
| Detail schedule of routine check-ins | | | | | *Initials* | |
| What method of communication | | | | | *Initials* | |
| Who to be contacted | | | | | *Initials* | |
| Detail contingency plan if check-in missed | | | | | *Initials* | |
| Yes No Other staff, supervisors, volunteers briefed re: logistics, roles/responsibilities/duties, expectations, communications, safety plan and emergency plan? | | | | | | |
| **Transportation Plan** *(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 | | | | |
|  | Volunteer driver (staff/other supervisor) | | | | |
|  | Other (i.e by service provider) | | | | |
|  | | | | | |
|  | Driver(s) aware of route and safety expectations? | | | | |
| **Volunteer driver information** | | | | | |
| Driver name | | Vehicle (Make/Model) | License Plate # | Vehicle inspection completed | |
|  | |  |  |  | |
|  | |  |  |  | |
|  | |  |  |  | |
| **Other modes of transportation (public transit, planes, trains, ferry, boats etc.)** | | | | | |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accommodation Arrangements** | | | |
| Date of Arrival *(yyyy/mm/dd)* | Location (City/Town/ approx. land coordinates) | 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) | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Total cost and estimates for major budget items (e.g. food, gas, etc.)* | | | |
| **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  Satellite communicator (ex. In Reach)   Service provider responsibility  None  Other (specify): | | | |
| *Contacts and numbers, if relevant* | | | |
| *Name of Primary First Aider, if relevant* | | *Certification(s) Held, if any* | |
| *Name of school contact available 24/7* | *Home* | *Work* | *Cell* |
| Procedure if a participant is ill or has a non-life-threatening injury: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency Contacts** | | | | | |
| **Types of Emergency Service** | | **Agency** | | | **Phone Number** |
| Search and Rescue | | Columbia Valley Search and Rescue | | | 9-1-1 |
| Medical | | Invermere & District Hospital | | | 9-1-1 / 250-342-9201 |
| Fire | | Canal Flats Fire Department | | | 9-1-1 / 250-349-5463 |
| Police | | RCMP | | | 9-1-1 |
| Local Police – non-emergency phone number | | | | | 1-250-342-9292 |
| Names and locations of nearest medical facilities *(Distinguish where there are changes at different points along the trip)*  Invermere & District Hospital  850 10th Avenue  Invermere, BC V0A 1K0 | | | | | |
| **Safety Guidelines** | | | | | |
| I am familiar with relevant board policies, district procedures and the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences*:  Yes  No | | | | | |
| **Student or staff illness plan** | | | | | |
| Student illness plan: | | | | | |
| Staff illness plan: | | | | | |
| **Attachments Checklist** *(Check all that apply and attach to this form)* | | | | | |
|  | Completed *Checklist for Higher Care Outdoor and Open Water Activities, and Travel Excursions (included in proposal)* | |  | *Volunteer Driver Application* form *(to be completed, if applicable)* | |
|  | *Risk Management Plan including average weather forecast (included in proposal)* | |  | Service Provider Proposal, Agreement and/or Contract*(to be completed, if applicable)* | |
|  | *Risk assessment and supervision ratio calculation tool (included in proposal)* | |  | *Attach bus manifest* | |
|  | *Itinerary Card for backcountry and open water activities (included in proposal)* | |  | Other (i.e. Teacher/Leader training and certifications): | |
|  | *A copy of form 8600.3 of the Parental/Guardian Consent, Acknowledgement of Risk and Limited Waiver for Higher Care Activities/Travel Excursion*s | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **CHECKLIST FOR HIGHER CARE OFF-SITE ACTIVITIES** | | |  |
|  | Y = Met | | X = Not Met | ? = Need More Information | NA = Not Applicable |
| **Met** | **Criteria** | | | | |
|  | Administrative process respected (e.g. proposal submitted to District Administration Building no later than **two months** before event unless it is for activities such as a championship and planning could not be made in advance) | | | | |
|  | Additional insurance needs addressed, if relevant (e.g. out-of-province medical, hospital care) | | | | |
|  | If overnighting, accommodation arrangements are acceptable (safety, hygiene, security) | | | | |
|  | Accessibility/eligibility policy addressed (e.g. equal access, voluntary participation,) | | | | |
|  | Educational and/or other value of the activity is evident (e.g. goals, objectives) | | | | |
|  | Activity/trip is appropriate for the students (e.g. age, preparation, and follow-up) | | | | |
|  | Duration of the activity/trip is appropriate and can be accommodated in the organization calendar | | | | |
|  | Destination or route assessed and appropriate (through pre-visit and/or other data collection) | | | | |
|  | Itinerary and activities are outlined and fit the objectives | | | | |
|  | The group appears adequately prepared for activity (e.g. knowledge, skills, attitudes, fitness, clothing, equipment) | | | | |
|  | Program and activity are sanctioned by the board | | | | |
|  | Parent/guardian information meeting date is planned, if one is appropriate for the trip (e.g. multi-day travel excursions) | | | | |
|  | The location/facility is assessed and appropriate for the students (e.g. adequately clean; hazards removed or identified to students | | | | |
|  | Parent/guardian acknowledgement of risk and consent collected | | | | |
|  | Relevant student health and medical information, and emergency contacts secured | | | | |
|  | Budget and financial arrangements appropriate (e.g. financial accessibility, sources of funding, payment schedule) | | | | |
|  | Transportation arrangements acceptable (type of vehicle and type of driver) | | | | |
|  | Number of supervisors and supervision plan are appropriate for group activities and sites/areas | | | | |
|  | Ensure volunteers have completed CRCs and child protection training | | | | |
|  | Plan to ensure all students are clear re: rules, behavioral expectations, and consequences | | | | |
|  | Leadership 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. | | | | |
|  | Risk Management Plan is in place (i.e. procedures for managing the key inherent risks of the activities, environments, and students). | | | | |
|  | Emergency Plan is in place to deal with injured/ill/lost/stranded student(s) or other members of the group (e.g. training, kits, communications equipment, back-up transportation, Emergency Services contacts) | | | | |
|  | 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 leader will carry (e.g. trip plan, permits, passenger lists, medical conditions, and emergency contacts of students). | | | | |
|  | Principal or designate to receive copy of finalized trip plan, signed consent forms, passenger lists and other relevant documents (send to District Administration Building) | | | | |
|  | An appropriate plan in place to evaluate the activity/trip (e.g., criteria for success, process to evaluate) | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK MANAGEMENT PLAN** | | | |
| **Hazards** | **Risks (likely or probability of exposure to the hazard – low, medium, high)** | **Mitigation Strategies** | **Plan/Notes** |
| Ex. Becoming lost or separated from the group or the group becoming split up | Low | Lead and sweep  Head count | See Supervision Plan and Site Assessment on page 2. |
| Injuries related to slips, trips, and/or falls | Moderate | Proper footwear  Identifying slip/trip/fall hazards |  |
| Ropes course – injuries related falling off the apparatus and/or colliding with a fixed object (ex. Tree) or moving object (ex. another participant) | Low | Supervisors  Ensure equipment is properly fitted |  |
| Aquatics – open water swimming – drowning or near drowning | Low | Assess student skill (life jacket as required)  Swim only in designated area  Supervision |  |
| Canoeing - Injuries related to capsize of craft or falling out of craft (e.g., due to hazards such as high or low water levels, strong currents, cross currents, weirs, shoals, dead heads, rocky shorelines or other factors) | Moderate | Monitor weather – if wind picks up, head to shore  Discourage horseplay |  |
| Complications of an injury/illness due to remoteness and time to emergency services. | High | Staff and volunteers have first aid training.  In Reach device for emergency communications |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Average Weather Forecast (Canal Flats)** | |
| Average low/high temperature | May (-1/10)  June (3/15)  September (2/14)  October (-4/5) |
| Average wind speed/direction | May 6 km/hr  June 6 km/hr  September 6 km/hr  October 7 km/hr |
| Average precipitation type/amount | Rainfall  May 84mm  June 137mm  September 61mm  October 59mm |
| *Site/area investigation (from pre-visit, guidebooks, talking to local authorities, etc.). Comment on results of investigation (e.g. suitability for group and objectives)* | |
| *Winter road conditions report (provide average information from DriveBC or other reliable source if available):* | |
| *Other local conditions report (e.g. from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc. as relevant)* | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ITINERARY CARD FOR BACKCOUNTRY AND OPEN WATER ACTIVITIES** | | | | | | | | | | | |
| *Day No.* | *Number of Days* | | *Objective* | | | | | | | | *Date (yyyy/mm/dd)* |
| Location (Place Name, Camp  #) | | GPS Coordinates, Grid Reference, or  Key Landmarks | | Grid (Map) Bearing | Horizontal Distance | Height | | Start Time | Program Activity | Known Hazards | Safety Procedures for These Hazards |
|  | | From | To |  |  | Gained | Lost |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |
| Totals | | Grid Reference refers to 6-digit location reference # (easterly, northerly) | | Remember declination for field bearing | To nearest tenth of a  kilometer | In meters or feet (specify) | In meters or feet (specify) |  |  | Keywords/ Phrases to cue unique  hazards | Key words/phrases to cue unique procedures detailed in Risk Management Plan |
| **Environmental Forecast for the day** | | | | **(Enter data or note N/A if not applicable)** | | | | **Alternative Routes/Plans** | | | |
| Temperature (low/high) | | | |  | | | |  | | | |
| Wind speed/direction (from) | | | |  | | | |  | | | |
| Clouds (type/% coverage) | | | |  | | | |  | | | |
| Precipitation (type/amount) | | | |  | | | |  | | | |
| Time of dusk | | | |  | | | |  | | | |
| Water level (low, medium, high) | | | |  | | | |  | | | |
| Snow conditions (depth of base in cm/depth new in cm/avalanche hazard rating) | | | |  | | | |  | | | |