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| **HIGHER CARE FIELD TRIP OR TRAVEL EXCURSION INFORMATION** |
| *Name of trip AND destination(s)****Mountain Biking – Location*** |
| *Departure date (yyyy/mm/dd)* | *Departure time* | *Return date (yyyy/mm/dd)* | *Return time* |
| *Grade* | *# of students* |

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| **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)* |

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

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| **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)* |  |  |

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| **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)* |

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| **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) |
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|  | Driver(s) aware of route and safety expectations? |
| **Volunteer driver information**  |
| Driver name | Vehicle (Make/Model) | License Plate # | Vehicle inspection completed |
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| **Other modes of transportation (public transit, planes, trains, ferry, boats etc.)** |
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| **Accommodation Arrangements** |
| Date of Arrival *(yyyy/mm/dd)* | Location (City/Town/ approx. land coordinates) | Name of Accommodation | Phone number |
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| **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) |

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| *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: |

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| **Emergency Contacts** |
| **Types of Emergency Service** | **Agency** | **Phone Number** |
| Search and Rescue |  |  |
| Medical |  |  |
| Fire |  |  |
| Police |  |  |
| Local Police – non-emergency phone number |  |
| Names and locations of nearest medical facilities *(Distinguish where there are changes at different points along the trip)* |
| **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 |  |

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|  | **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) |

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| **RISK MANAGEMENT PLAN** |
| **Hazards**  | **Risks (likely or probability of exposure to the hazard – low, medium, high)** | **Mitigation Strategies** | **Plan/Notes** |
| Becoming lost or separated from the group or the group becoming split up | Low | Lead and sweepHead count | See Supervision Plan and Site Assessment on page 2.  |
| Injuries related to falling off bike | High | Safety equipment, (e.g. helmets, shin guards, cycling attire) |  |
| Injuries related to colliding with a moving object (e.g. another cyclist) or with a fixed object (e.g. a tree) | High | Safety equipment, (e.g. helmets, shin guards, cycling attire) |  |
| Injuries related to motor vehicle crashes en route to and from activity area. | Low | Follow *Motor Vehicle Act.* Wear a seatbelt. Do not use cell phone while driving. |  |
| Injuries related to slips, trips, and fall in the program area or en-route to/from it | Moderate | Proper footwearIdentifying slip/trip/fall hazards |  |
| Complications of an injury/illness due to remoteness and time to emergency services. | Moderate to high (depending on location) | Staff and volunteers have first aid training.In Reach device for emergency communications |  |
| Weather dependency | Moderate | Check weather forecast 24 hours prior to departure and adjust plans as necessary |  |

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| **Average Weather Forecast**  |
| Average low/high temperature |  |
| Average wind speed/direction |  |
| Average precipitation type/amount |  |
| *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)* |

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| **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, orKey Landmarks | Grid (Map) Bearing | Horizontal Distance | Height | Start Time | Program Activity | Known Hazards | Safety Procedures for These Hazards |
|  | From | To |  |  | Gained | Lost |  |  |  |  |
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| Totals | Grid Reference refers to 6-digit location reference # (easterly, northerly) | Remember declination for field bearing | To nearest tenth of akilometer | In meters or feet (specify) | In meters or feet (specify) |  |  | Keywords/ Phrases to cue uniquehazards | 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) |  |  |