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| **HIGHER CARE FIELD TRIP OR TRAVEL EXCURSION INFORMATION** | | | |
| *Name of trip AND destination(s)* | | | |
| *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)* |
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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) – If necessary* |  |  |

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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) |
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| *Name of service provider (SP) (if applicable)* | *SP contact person* | | *SP phone* | |
| *Total number of supervisors and volunteers* |  | | | |
| **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)* | | | | |
| *In policy* | | | | |
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| **Communications Plan** | | | | | | |
| Detail schedule of routine check-ins - Confirmation | | | | | *Initials* | |
| What method of communication | | | | | *Initials* | |
| Who to be contacted | | | | | *Initials* | |
| Detail contingency plan if check-in missed - Confirmation | | | | | *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 Transport (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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| **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.) – Like low risk* | | | |
| **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* | |
|  |  | |  | Other (i.e. Teacher/Leader training and certifications): | |
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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** |
| 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. |
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| **Average Weather Forecast** | | | |
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| **ITINERARY CARD FOR BACKCOUNTRY AND OPEN WATER ACTIVITIES** | | | | | | | | | | | |
|  | *Number of Days* | | *Objective* | | | | | | | | *Date (yyyy/mm/dd)* |
| Location, day number(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 |  |  |  |  |
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| 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** | | | |
| Snow conditions (depth of base in cm/depth new in cm/avalanche hazard rating) | | | |  | | | |  | | | |
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