APPENDIX A

Field Trip Information

School	Date Submitted

Destination

Destination Town/City ➢
Facility/Attraction being visited (include address) ➢

Student Group Participating *(e.g., sports team, club, class)*

➢	
Supervision Ratios: K1-K2 = 6:1 Gr. 7-8 = 15:1 Gr. 1-3 = 8:1 Gr. 9-12 = 20:1 Gr. 4-6 = 10:1	Grade(s): # of students:
Teachers/Supervisors • *Indicate Teacher/Supervisor In Charge* • *Include role/position* • *All volunteers must have a current VSS on file at the school* • *Include same-gender coverage details for overnight supervision*	➢ ➢ ➢ ➢ ➢ ➢

Transportation and Accommodations

Departure	Date		Time	
Return	Date		Time	
Place of Accommodation, if overnight (include address)			Telephone:	
➢				

Method of Transportation	
Agency/Company	

Funding *(include breakdown of costs, and of income if more than one source)*

Total Cost	$
Source(s) of Income	➢
	➢
	➢

Purpose of the Trip *(objectives: link to curriculum)*

Itinerary *(please be as detailed as possible)*

More detailed itinerary attached	☐ Yes	☐ To Follow	☐ Not Required

Risk Management *(Must be completed for all activities containing an element of risk)*

Reminder: All Aquatic Activities must follow Field Trip / Excursion Procedures, Section 2

Planned Activity Contains Element of Risk:	☐ High	☐ Medium	☐ Low

Questions to ask when assessing the risks of a field trip:

- What is the educational value?
- What type of injuries may occur?
- Is the activity appropriate for the age, ability and experience level?
- Can it be modified to reduce risk?
- Can it be properly supervised with qualified leaders? (e.g. First Aid, Orca)
- Is there any collateral risk (e.g. transportation, other activities, free time)?
- Does the school board allow this activity?
- Is a Pre-Trip Visit to learn local conditions/hazards required?
- Have you considered an evacuation plan, notification system & emergency response procedure?

➢ If High or Medium, attach a Checklist of OPHEA Guidelines being followed for your planned activity, and how you plan to comply with all measures, as well as Risk Management Assessment Form

Signatures

Supervising Teacher's Signature		Date:
Principal's Signature of Approval		Date:
Superintendent's Approval		Date: