



## DAY FIELD TRIP PROPOSAL FORM

(Local, Low-risk Daytrip)

**Name of School** \_\_\_\_\_

TEACHER-IN-CHARGE:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
AREA OF STUDY:		PURPOSE OF TRIP:	
GRADE LEVEL:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add rows if needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M/F
Teacher-in-Charge:		
Other Supervisor:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply)		ESTIMATED COST OF TRIP:
<b>METHOD</b> <input type="checkbox"/> Walking <input type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): _____	<b>DRIVER</b> <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	<b>SOURCES OF FUNDING</b> (i.e., cost/student, other sources)  EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTINGENCY PLAN (if trip cancelled, if student does not go):

<b>EDUCATIONAL VALUE</b> Goals and/or Student Learning Outcomes:
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<b>SAFETY GUIDELINES</b> I have reviewed and applied Sunrise procedures and the <i>YouthSafe Manitoba: Safety First! Guidelines for School Field Trips (2004)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SAFETY PLAN</b>  Main activities are: _____  Safety issues – include what can reasonably be expected in these activities, specific risks: _____ _____  Plans to address: _____

**VOLUNTEER PLAN**

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

- Background Check
- Reference Check
- Criminal Records Check
- Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

**SUPERVISION PLAN**

Briefly describe the supervision processes 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:

**EMERGENCY PLAN**

First Aid kit(s) carried (stocked and 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): \_\_\_\_\_

Name of Primary First Aider: \_\_\_\_\_ Certification Held: \_\_\_\_\_

**ATTACHMENTS CHECKLIST (check all that apply and attach to this form):**

- Program/Activity/Trip Plan
- Parent/Guardian Correspondence
- Parental Consent and Acknowledgement of Risk Form
- Volunteer Screening Form
- Volunteer Driver Authorization Application Form
- Service Provider Master Agreement and/or Contract

Other (specify):

**EVALUATION**

Criteria for success of field trip:

Process to determine success:

Name of Teacher-in-Charge (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature



## DAY TRIP PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

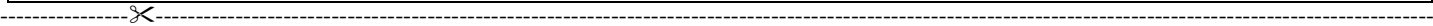
**Name of School**

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
 Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.  
 If this form is not signed and returned to the school by \_\_\_\_\_, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION
DESTINATION/ACTIVITY: _____ DATE(S): _____ <i>OR</i>
SERIES OF OFF-SITE ACTIVITIES (Specify program): _____
PURPOSE OR EDUCATIONAL GOAL(S): _____
ITINERARY/ACTIVITIES: _____
METHOD OF TRANSPORTATION: _____ BY: _____
TEACHER-IN-CHARGE: _____ TOTAL NO. OF SUPERVISORS PLANNED: _____
SUPERVISORY ARRANGEMENTS: _____
COST TO THE STUDENT: _____ WHAT TO BRING: _____
OTHER CONSIDERATIONS: _____

<i>SUNRISE RESPONSIBILITIES</i>
<p>The Sunrise School Division will make every reasonable effort to ensure or ascertain that:</p> <ol style="list-style-type: none"> <li>a. The staff, volunteers and/or service providers involved are suitably trained and qualified.</li> <li>b. The students are adequately supervised over all aspects of the program/activity.</li> <li>c. The location(s) used are appropriate and safe for the activity(ies) and group.</li> <li>d. Equipment used has been inspected and deemed appropriate and safe.</li> <li>e. A Safety Plan is in place to identify and manage known potential risks.</li> <li>f. An Emergency Plan is in place to deal with an injury or illness to one of the students.</li> </ol>

<i>POTENTIAL KNOWN RISKS</i>
Potential known risks include the following:



CONSENT AND ACKNOWLEDGEMENT OF RISK
<ul style="list-style-type: none"> <li>• 1. Mode of Transportation: _____ By: _____</li> <li>2. I accept this mode of transportation for this activity: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, specify alternative: _____</li> <li>3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.</li> <li>4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.</li> <li>5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers, administrators, instructors, and supervisors over all phases of the program/activity.</li> <li>6. In the event my child fails to abide by these rules and regulations, arrangements could be made to have them sent home at the expense of the parents/guardians.</li> <li>7. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.</li> <li>5. I acknowledge that the Division may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the Division will not be liable for any costs associated with such a cancellation.</li> <li>6. I consent that the Division, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.</li> <li>10. Based on my understanding, acknowledgement, and consents as described herein, I agree that            (Name of Student) _____ has my permission to participate in the            _____ field trip/program.</li> </ul>
Date: _____ Name ( <i>Please print</i> ): _____ Signature: _____

**FIELD TRIP EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is needed)

Student Name: \_\_\_\_\_

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No    Carries Ana Kit?     Yes  No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

\_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

\_\_\_\_\_

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

\_\_\_\_\_

Other Health/Medical/Dietary Concerns:

\_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Does your child currently have an Individual Health Care Plan (IHCP) with Sunrise School Division?  Yes  No



## DAY FIELD TRIP CHECKLIST

√ = Met  
 X = Not Met  
 ? = Need More Information  
 – = Not Applicable

**Met      Criteria**

- The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- Information to be given parents/guardians is appropriate for the type/duration of trip
- Parental/Guardian consents to be collected (e.g., consent to attend, consent to secure medical treatment)
- Relevant student health and medical information secured from parents
- Budget and financial arrangements appropriate
- Transportation arrangements acceptable (type of vehicle and type of driver) and parental consent secured
- Special needs issues are addressed
- Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas  
 Recommended Ratio: K-8 Students 1:10; Grade 9-12 students 1:15
- Safety Plan (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
- Emergency Plan (e.g., training, kits, communications equipment, EMS access, back-up transportation)
- Contingency plan(s) if necessary
- Destination contact and phone number, e.g., outdoor centre, camp, local authority(ies)
- List of documents teacher will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants).
- Office to receive copy of finalized trip plan, signed consent forms, passenger manifestos, and names of no-shows.

Comments:
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Name of Teacher-in-Charge (please print)	Date (year/month/day) / /	Signature
Name of Principal (please print)	Date (year/month/day) / /	Signature
Additional approval (as needed) Specify:	Date (year/month/day) / /	Signature