

## Policy HICA Attachment B - Field Trip Permission Form



**NOTES:**

Principals may approve in-province day trips and in-province trips that include the following durations

- trips with 1 overnight stay, or
- trips with up to 2 overnight stays (when the trip is band related or an extra curricular athletics game)

**OUT OF PROVINCE trips and IN-PROVINCE trips that are longer than duration above require SUPERINTENDENT approval**

|   |  |
|---|--|
| Individual Requesting Approval:   | School:                                      |
| Destination:  | Activity:                                    |
| Departure Date:   | Departure Time:                              |
| Return Date:  | Return Time:                                 |
| Grade Level (Please Circle):<br>ECS 1 2 3 4 5 6 7 8 9 10 11 12  | # of Male Students:<br># of Female Students: |
| This form covers a series of co-curricular/extra-curricular activities in the school year<br><input type="checkbox"/> Yes (See Attached Schedule) <input type="checkbox"/> No |  |
| Names of primary supervisor(s) (Please Print):  |  |
| Number of additional female supervisors:  |  |
| Number of additional male supervisors:  |  |

|  |   |
|--|---|
| <p>Method of Transportation (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Walking</li> <li><input type="checkbox"/> School-Owned Bus/Van</li> <li><input type="checkbox"/> Public Transport</li> <li><input type="checkbox"/> Charter Bus (Company: _____)</li> <li><input type="checkbox"/> Rental Van (Company: _____)</li> <li><input type="checkbox"/> Volunteer Driver (staff/parent/other)</li> <li><input type="checkbox"/> Other: ( _____ )</li> </ul> | <p>Attachments Completed for this activity (Check off all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Detailed Itinerary</li> <li><input type="checkbox"/> Parent Correspondence including student responsibilities</li> <li><input type="checkbox"/> Student medical information and emergency contact</li> <li><input type="checkbox"/> Parent/Guardian Consent/Risk Acknowledgement Form (attachment C)</li> <li><input type="checkbox"/> Volunteer Registration Form (Policy GFA)</li> <li><input type="checkbox"/> Volunteer Reference Check Form (Policy GFA)</li> <li><input type="checkbox"/> Volunteer Consent/Risk Acknowledgement Form (attachment D)</li> <li><input type="checkbox"/> Volunteer Automobile and/or Driver Authorization Form (attachment B policy EEACAA)</li> <li><input type="checkbox"/> Parent/Guardian Responsibility of Student Transportation for School Sponsored Events (attachment A policy EEACAA)</li> <li><input type="checkbox"/> International Field Trip (attachments E and E2)</li> </ul> |
|--|---|

|   |
|---|
| Estimated Cost of Trip:   |
| Equal access for all students assured: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Source(s) of Funding:   |

|  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the activity prohibited by ARMIC (see attachment A)?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have the SPHEReS Guidelines been reviewed and fully implemented?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the school board the most appropriate host or sponsor of the activity? (i.e. should the activity be sponsored by a community or parent association or should the decision to engage in the activity rest solely with parents?)  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the activity have a demonstrable educational benefit? Is the activity specifically mentioned in the Alberta Education curriculum? If yes, <ul style="list-style-type: none"> <li>• What is the purpose of the trip? What course/outcomes are being addressed?: _____</li> <li>_____</li> <li>_____</li> <li>• What activity(ies) will occur during the trip? (Attach a detailed trip itinerary) _____</li> <li>_____</li> <li>_____</li> <li>• How have the students been prepared for the trip? _____</li> <li>_____</li> <li>_____</li> </ul> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the activity have to be practiced or can it be demonstrated to reach the learning outcome?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are there safer alternatives that would achieve the same educational benefit? <ul style="list-style-type: none"> <li>• If yes, why is the safer alternative not being pursued? _____</li> </ul>  |

Yes  No Is First Aid and CPR support available?  
 Yes  No Is emergency communication available?  
 • Phone number for emergency communication: \_\_\_\_\_  
 Yes  No Are you utilizing third party vendor to host an activity and/or provide specialized training? If yes, name and phone number of Vendor: \_\_\_\_\_  
 Yes  No Does the instructor have liability insurance, as required by SPHEREs?  
**NOTE: please attach a certificate of liability insurance (proof of insurance) from the vendor.**  
 Yes  No are the facility instructors appropriately certified?  
 Yes  No Are the school instructors and supervisors of the activity qualified and have the appropriate certifications  
 Yes  No Is the activity appropriate for the age, abilities, and size of the student group?  
 Yes  No Has the equipment been inspected?  
 Yes  No Is a parent consent form required? If yes,  
 Yes  No have parents been informed in writing of all required information about off-site activities  
 • Describe the nature of communication provided to parents regarding the trip (attach parent communication): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes  No Has risk mitigation strategies been identified?  
 • List risks/hazards and risk mitigation strategies being taken to mitigate risks/hazards: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Supervisor Qualifications  |                              |                             |
|--|------------------------------|-----------------------------|
| Formal Training  |                              |                             |
| I have taken the relevant formal training in to lead this activity           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, describe   |                              |                             |
|  |                              |                             |
| Relevant Personal Experience   |                              |                             |
| Do you have relevant personal and/or sport experience in the activity?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please answer the following:   |                              |                             |
| Number of years of participation in the activity                             | Years:                       |                             |
| Days involved in the activity over the last three years                      | Days:                        |                             |
| Was this involvement as part of an organized group (club/team)               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had a significant mentor in the activity/environment?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you instructed/led this program/activity formally in the past?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please answer the following  |                              |                             |
| Have you taught/led this same program/activity before with similar students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you taught/led this or other activities in a similar area/site?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you instructed/led students in relevant technical skills?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you instructed/led students in relevant safety procedures?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| When, if at all, were you last at/on the proposed site/route?                | Date:                        |                             |

For any gaps in personal or professional relevant training, knowledge, skills, health and fitness, and/or experience, what is your plan for addressing this area(s)?

Supervision Plan

- Identify the roles and responsibilities of supervisors (e.g., large and/or small group supervision, group management, discipline, night checks, activity instruction, other): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- When and how will volunteers be briefed regarding their roles, responsibilities and expectations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Action Plan

- Yes  No Have you reviewed and applied relevant board policies and the SPHERes Safety Guidelines?
- Yes  No  NA Have you acquired flight/travel/trip cancellation insurance?
- Yes  No  NA Have you acquired student and staff medical insurance?

- Location of first aid kit and automated external defibrillator (AED): \_\_\_\_\_
  - First Aid, is fully stocked and accessible:  Yes  NA
- Location of phone: \_\_\_\_\_
- Directions to facility: \_\_\_\_\_  
\_\_\_\_\_
- Facility phone number: \_\_\_\_\_
- Directions to hospital from location: \_\_\_\_\_  
\_\_\_\_\_
- What is the level of First Aid training within the group? (i.e., name and number of certified 1<sup>st</sup> aiders people with each relevant certification, who is the primary First Aider) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What steps will be followed if a participant is ill or has a non-life-threatening injury? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Name of Teacher in charge (please print) | Date (year/month/day) | Signature |
|--|-----------------------|-----------|
|--|-----------------------|-----------|

**Important Notes:**

1. Trips that take students out of division act should be submitted to the superintendent All out of division field trips
2. The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact you school principal.
3. The Board reserves the right to cancel any site activity at any time.
4. Superintendent approval in principle must be acquired prior to student and parent communication
5. Prior to submitting this application form to the principal, the teacher in charge will have read through Policy HICA (Off-Site Activities)
6. Prior to signing this application, the principal will review the application form in light of Policy HICA (Off-Site Activities) to ensure that the teacher in charge is aware of all requirements.
7. Once signed, the principal should forward this application to the Superintendent for approval.

## Principal to Complete this Section.

The following checklist MUST be filled in by the principal in consultation with the staff member responsible for the field trip.  
This form MUST be attached to the Field Trip Proposal Form

| Check off if criteria are met. |   |
|--------------------------------|---|
| Yes                            | N/A   |
|                                | Administrative process respected (e.g., proposal submitted to appropriate administrator in time to be considered)   |
|                                | Field trip accessibility/eligibility policy addressed (e.g., equal access; voluntary participation, if appropriate; alternative activity for non-participants)        |
|                                | Educational value of the trip is evident (e.g., goals and student learning outcomes stated)   |
|                                | Trip is appropriate for the students (e.g., age/grade, preparation, and follow-up)  |
|                                | Duration of the trip is appropriate and can be accommodated in the school calendar  |
|                                | Destination or route adequately assessed (through pre-visit or other data collection) and appears appropriate   |
|                                | Itinerary and activities are outlined and fit the objectives  |
|                                | The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)   |
|                                | Information to be given parents is appropriate for the type/duration of trip  |
|                                | Parent information meeting date is planned, if holding one is appropriate for the trip  |
|                                | Parental consents to be collected (e.g., consent to attend, acknowledgement of risk, consent to secure medical treatment)   |
|                                | Relevant student health and medical information to be secured from parents  |
|                                | Additional insurance needs addressed, if relevant   |
|                                | Budget and financial arrangements appropriate   |
|                                | Transportation arrangements acceptable  |
|                                | Plan in place to seek appropriate parental consents if private vehicles are to be used  |
|                                | Number and gender (s) of supervisors and supervision plan are appropriate for group, activities and sites/areas   |
|                                | Plan to ensure all participants are clear re: behavioral expectations and consequences  |
|                                | If overnighing, accommodations arrangements are acceptable, (e.g., hygiene, potable waters, food preparation)   |
|                                | Teacher/leader 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.   |
|                                | Safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)                                    |
|                                | Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, EMS access, back-up transportation) |
|                                | Confirmation of the presence of appropriate alternative contingency plan(s)   |
|                                | 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 parental consent forms, passenger manifestos, and names of no-shows   |
|                                | Other relevant information unique to the particular trip. Specify:  |
| <b>Comments:</b>               |   |

Administrator to Complete the section below.  
(information relates to the skill of the individual in charge)

|  |                              |                              |                               |
|--|------------------------------|------------------------------|-------------------------------|
| Formal training/courses                          | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| First Aid/CPR                                    | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| Applicable Activity Experience                   | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| Instruction/Leadership Experience                | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| Familiarity with Site/Area Route                 | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| Interpersonal “Soft” Skills                      | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| Degree to Which Gaps are Addressed               | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |
| Overall Qualifications for the Proposed Activity | <input type="checkbox"/> Low | <input type="checkbox"/> Med | <input type="checkbox"/> High |
| Comments:  |                              |                              |                               |

|  |                       |           |
|--|-----------------------|-----------|
| Name of Principal in charge (please print) | Date (year/month/day) | Signature |
|--|-----------------------|-----------|

**Important Notes:**

1. Trips that take students out of the division are required to be submitted to the superintendent for information purpose.
2. **OUT OF PROVINCE trips and IN-PROVINCE trips that are longer than duration below require SUPERINTENDENT approval**
  - trips with 1 overnight stay, or
  - trips with up to 2 overnight stays (when the trip is band related or an extra curricular athletics game)
3. The superintendent reserves the right to cancel, and/or end trips early if the superintendent feels the risks are too great.

|                                       |                       |           |
|---------------------------------------|-----------------------|-----------|
| Superintendent approval (if required) | Date (year/month/day) | Signature |
|---------------------------------------|-----------------------|-----------|