



**Form A**  
(Local, Low-risk Daytrip Proposal)

DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
LEAD TEACHER:			
PHONE:	FAX:	EMAIL:	
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE/HOME ROOM:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add rows if needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Lead teacher:		
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 <input type="checkbox"/> Transport not provided; participants responsible for own 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 (i.e., cost/student, other sources) If so accommodated</b>  <b>EQUAL ACCESS FOR ALL STUDENTS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached  <b>SPECIAL NEEDS ADDRESSED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See attached  <b>ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CONTINGENCY PLAN:</b>

<b>EDUCATIONAL VALUE</b> Goals and/or Student Learning Outcomes:
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<b>SAFETY GUIDELINES</b> I am familiar with relevant board policies, district procedures and the <i>YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences (2005)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>SAFETY PLAN</b> Briefly describe (or attach in Trip Plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity and/or group:
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# Off-site Experience Proposal Form A

(Local, Low-risk Daytrip)

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## 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:

## VOLUNTEER PLAN (if relevant)

Process to identify, screen if/as appropriate, and brief re: roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

## 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  Service Provider Responsibility  None  Other (specify): \_\_\_\_\_

Contacts and numbers, if relevant: \_\_\_\_\_

Name of Primary First Aider, if relevant: \_\_\_\_\_ Certification Held: \_\_\_\_\_

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

- |                                                                            |                                                                               |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Program/Activity/Trip Plan                        | <input type="checkbox"/> Volunteer Driver Authorization Application Form      |
| <input type="checkbox"/> Parent/Guardian Correspondence                    | <input type="checkbox"/> Service Provider Proposal, Agreement and/or Contract |
| <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form | <input type="checkbox"/> Passenger List Form                                  |
| <input type="checkbox"/> Volunteer Screening Form                          |                                                                               |

Other (specify):

Completed Off-Site Experience Checklist attached.

## EVALUATION

Criteria for success of off-site experience:

Process to determine success:

Name of Lead teacher (please print):	Date (year/month/day) / /	Signature
Name of Administrator (please print):	Date (year/month/day) / /	Signature



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN  
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)**

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher 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): \_\_\_\_\_ OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): \_\_\_\_\_

PURPOSE OR EDUCATIONAL GOAL(S): \_\_\_\_\_

ITINERARY/ACTIVITIES: \_\_\_\_\_

METHOD OF TRANSPORTATION: \_\_\_\_\_ BY: \_\_\_\_\_

LEAD TEACHER: \_\_\_\_\_ TOTAL NO. OF SUPERVISORS PLANNED: \_\_\_\_\_

SUPERVISORY ARRANGEMENTS: \_\_\_\_\_

COST TO THE STUDENT: \_\_\_\_\_ WHAT TO BRING: \_\_\_\_\_

OTHER CONSIDERATIONS: \_\_\_\_\_

**BOARD RESPONSIBILITIES**

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

**POTENTIAL KNOWN RISKS**

Potential known risks include the following:

Additional Comments/Requirements: \_\_\_\_\_

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

Destination/Activity/Program: \_\_\_\_\_ Dates: \_\_\_\_\_

1. 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 or board.
2. 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 arising from his/her participation.
3. 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 provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ has my permission to participate

Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_