



Form B
(Higher Care Outings Proposal)

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

NAMES OF SUPERVISORS (Please print; add lines as 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:
METHOD <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 Other (specify): _____	DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources) If so accommodated EQUAL ACCESS FOR ALL STUDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See attached ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTINGENCY PLAN:

EDUCATIONAL VALUE
 Goals and/or Student Learning Outcomes:

 Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card):

 Student preparation (e.g., re: knowledge, skills, attitudes, fitness):

 Follow-up activity(ies) that will occur:

SAFETY GUIDELINES
 I am familiar with relevant board policies, district procedures and the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences (2005)*: Yes No

SAFETY PLAN
 Briefly describe (or attach in Detailed Trip Plan) the risk assessment and safety planning process to address key risks related to:
 Environment (e.g., weather, terrain/site, wildlife):

 Activity (e.g., transportation, outdoor pursuits/aquatic specific):

 Group (e.g., clothing, equipment, water, food, behaviour):

Personal information contained on this form is collected under the authority of the the School Act for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

Off-site Experience Proposal Form B
(Higher Care Outings)

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

Process to identify volunteer candidates:

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

- Background Check Reference Check Criminal Records Check

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

EMERGENCY PLAN

Contingency kit(s) carried (stocked and accessible) (check all that apply):

- First Aid Repair Survival

Emergency communications technology carried/available (check any and all that apply):

- Telephone Cell phone Satellite Phone Radio (VHF, UHF) Family Radio Service (FRS) None Other (specify): _____

Name of Primary First Aider: _____ Current Certification Held: _____

Name of School Contact Available 24/7: _____ Phones: (H) _____ (W) _____ (S) _____

ATTACHMENTS CHECKLIST (check all forms that will apply and attach blank copies to this form):

- | | |
|--|---|
| <input type="checkbox"/> Program/Activity/Trip Plan | <input type="checkbox"/> Volunteer Consent and Acknowledgement of Risk Form |
| <input type="checkbox"/> Itinerary Card | <input type="checkbox"/> Volunteer Driver Authorization Form |
| <input type="checkbox"/> Assessing Teacher/Leader Readiness Form | <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 |

Other (specify): _____

EVALUATION

Criteria for success of off-site experience:

Process to determine success:

Completed Off-site Experience Checklist attached Yes No

Name of Lead Teacher (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature
Additional Approval (as needed) (specify name and title):	Date (year/month/day) / /	Signature



OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM B (Higher Care 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: _____ Date: _____

1. I accept the mode of transportation for this activity.
2. 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.
3. 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.
4. 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.
5. 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 and I will be responsible for any costs associated.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
8. 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.
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ (Date of Birth) _____ has my permission to participate.

Date: _____ Name (Please print): _____ Signature: _____



OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)

School Name _____

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: Yes No

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, recent hospitalization or surgery, 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 at this time (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) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____ Signature _____



Detailed Trip Plan Form

Complete if program/activity involves outdoor pursuits/aquatics activity, an overnight or longer outing, travel outside the province, AND/OR other higher care activities. Delete any irrelevant sections, or mark N/A (not applicable). Submit the completed form with the Off-site Experience Proposal Form B and Itinerary Card (if relevant). Take a copy of these forms on the trip and leave one with your school contact.

NAME OF TRIP OR DESTINATION: _____

DATE(S): _____

KEY CONTACT INFORMATION	PHONE NUMBERS (WORK/HOME/CELL)
Lead Teacher:	/ /
Principal:	/ /
Assistant Principal:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
ASSISTANTS/VOLUNTEERS	
Capacities (i.e., what relevant key knowledge, skills, fitness and experience will the assistants/volunteers bring?)	
NAME	CAPACITIES

Other staff & volunteers briefed re: logistics, roles/responsibilities/duties, expectations, safety plan & emergency plan:
 Yes No Beyond general group supervision, note specific roles/responsibilities/duties of each person below:

SUPERVISOR'S NAME	ROLES/RESPONSIBILITIES/DUTIES

STUDENTS NOT ATTENDING	ALTERNATIVE ARRANGEMENTS/ASSIGNMENTS FOR THESE STUDENTS

NO-SHOWS AT DEPARTURE	FOLLOW-UP ON THESE STUDENTS BY SCHOOL

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Initials _____ Comments: _____

Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Initials _____ Comments: _____

Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: Initials _____

All trip supervisors aware of location of forms and copies left with school contact: Initials _____

TRANSPORTATION

Driver(s) aware of route and safety expectations (see *Safety First!*): Initials _____

EQUIPMENT/SUPPLIES (attach gear list and complete the following)

Group Equipment Checked	Initials _____	Deficiencies Addressed	Initials _____
Student Clothing/Equipment Checked	Initials _____	Deficiencies Addressed	Initials _____
First Aid/Repair & Survival Kits Check	Initials _____	Deficiencies Addressed	Initials _____

ACCOMMODATIONS ARRANGEMENTS (e.g., hotel/motel, hostel)

DATE OF ARRIVAL	LOCATION (city, town)	NAME OF ACCOMMODATION	PHONE NUMBER

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):

WEATHER FORECAST (Recognizing that local patterns can be different and longer term forecasts are less reliable)

	DAY 1	DAY 2	DAY 3	DAY 4
Low/High Temp.	/	/	/	/
Wind Speed/Direction	/	/	/	/
Precipitation Type/Amount	/	/	/	/

SITE/AREA INVESTIGATION (from pre-visit, review of maps, guidebooks, talking to local authorities, etc.) Comment on results of investigation (e.g., suitability for group and objectives):

WINTER ROAD CONDITIONS REPORT (from CAA, RCMP or other reliable source):

OTHER LOCAL CONDITIONS REPORT (e.g., from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc., as relevant):

SAFETY PLAN (Some of this may be addressed on the Trip Proposal Form B or Itinerary Card. Use this table if additional space is needed to identify other strategies/techniques to be employed to manage risks). Copy relevant info from the *Trip Leadership Resource*.

POTENTIAL KNOWN HAZARDS	STRATEGIES TO REDUCE THESE HAZARDS

EMERGENCY PROCEDURES

Procedure if a participant is ill or has a non-life-threatening injury:

EMERGENCY CONTACTS

TYPE OF EMERGENCY SERVICE	AGENCY	PHONE NUMBER
Search and Rescue		
Medical		
Fire		
Police		

NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES (Distinguish appropriately where there are changes at different points along the trip):

OTHER RELEVANT INFORMATION: