

OFF-SITE ACTIVITY TEMPLATE

B Trip

(Trip outside of Alberta or on Restricted List of Activities)

School:	Phone:	Fax:
Name of Service Provider:	Contact Person of Service Provider:	Phone No. of Service Provider:
Destination:	Departure Date: _____	Return Date: _____
	Departure Time: _____	Return Time: _____
Area of Study:	Purpose of Trip:	
Grade Level (Please check): <input type="checkbox"/> ECS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SP		No. of Students: Male: Female:

	Gender	Date of Last Visit To Site:	Will You Be Onsite For The Entire Trip? If not, specify schedule.	Certifications (If applicable)
Teacher-in-Charge:				
Staff: (list)				
No. of Volunteers:				

Method of Transportation (As per RDCRD Policy) <input type="checkbox"/> School-owned Van <input type="checkbox"/> School-owned Bus <input type="checkbox"/> Arranged by Service Provider <input type="checkbox"/> Rental Van (company) <input type="checkbox"/> Charter Bus (company) <input type="checkbox"/> Volunteer Driver (parent/coach) <input type="checkbox"/> No transportation provided by school <input type="checkbox"/> Other:		Requirements Checklist <input type="checkbox"/> Acknowledgement of Risk Form <input type="checkbox"/> Travel & Health Insurance (travel outside of Canada) <input type="checkbox"/> Itinerary Attached <input type="checkbox"/> Teacher Off-Site Summary on file with Safety Committee <input type="checkbox"/> Parent Meeting – Date <input type="checkbox"/> Parent Correspondence Attached <input type="checkbox"/> Measles Vaccination (if applicable)		
Estimated Cost of Trip Fees, including guides \$ _____ Transportation \$ _____ Accommodation \$ _____ Meals \$ _____ Other Expenses _____ \$ _____ Total Estimated Cost \$ _____		Source of Funding School Funds \$ _____ School's Decentralized Budget \$ _____ Student Fee \$ _____ Fund-Raising by: \$ _____ Other (please specify) \$ _____ Total Estimated Funds Required \$ _____		

Educational Assessment
1. How has the activity been part of the planned program for this class/group?
2. How have you ensured equal access for all students?
3. What activities will occur during the off-site excursion?

Trip Preparation

1. What preparation has occurred to:
 - Gain familiarity and check the appropriateness of the site?
 - Ensure appropriateness of the terrain?
 - Ensure the worthiness of the equipment?
2. What effects will weather have on this off-site activity?
3. How have you prepared the students' skills, knowledge and attitude for the off-site activity?
4. How will you assess their individual readiness?
5. How have you ensured that parents and students have received all pertinent information regarding this trip, including emergency procedures?
6. What are the expectations of student behavior during the off-site activity?
7. Have the students and parents been informed of the consequences of inappropriate behavior?
8. What are the specific hazards of this trip, how would you rate the risk of each (low, moderate, high), and what adjustments or precautions have you made to minimize the risk?
9. How have you ensured an appropriate standard of student hygiene and proper food preparation during the off-site activity?

Supervision

1. Students must be supervised at all times. What are the responsibilities for supervisors (other teachers and volunteers) and how have such expectations been communicated?
2. A gender balance is necessary for all overnight trips.
3. What supervision is provided by the Service Provider (if applicable)?

Volunteers

1. Volunteers must meet the requirements as detailed in Part 3 of the Field Trip Administrative Procedure. Indicate what training and knowledge is required of volunteers for this off-site activity.

International Travel – Student Measles Vaccinations

1. Are students travelling to a measles-endemic country?(To determine whether a country is measles-endemic, please consult the Department of Foreign Affairs: www.voyage.gc.ca/dest/conten.asp#20).
2. If so, are student vaccinations for measles up-to-date?
3. If not, when will these vaccinations be brought up-to-date?
4. Students who refuse to have their measles vaccinations brought up-to-date will not be permitted to travel on this planned trip.

Emergency Procedures

1. Teachers need to familiarize themselves with the emergency procedures set out for severe weather or poor driving conditions and for accidents, as detailed in the Field Trip Administrative Procedure.
2. What is the process to activate emergency services (police, fire, ambulance, search and rescue) in the area of the off-site activity?
3. Is the off-site activity in a rural, urban or remote area?
4. If the off-site activity is in a remote area, how will that effect the response of emergency personnel?
5. What first aid equipment will be available to the group?
6. What is the level of first aid training within the group?
7. What steps will you follow if a student is ill or has a non-life threatening injury?

I have consulted the Safety Guidelines Manual.

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

_____ / ____ / _____

Name of Principal (please print) Date (year/month/day) Signature of Principal

_____ / ____ / _____

Once the principal has recommended the off-site activity, fax to the Safety Assessment Committee, 347-6410, at least one month prior to departure or before the payment of any non-refundable deposit, whichever comes first.

SAFETY ASSESSMENT COMMITTEE

APPROVAL GRANTED:

_____ Date _____
Chair, Safety Assessment Committee

APPROVAL DENIED FOR THE FOLLOWING REASON(S):

Authorization for Collection of Personal Information

Personal information is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of completing the off-site activity mentioned above. If you have questions about the collection, use of this information, contact the Assistant Superintendent of Finance, Red Deer Catholic Regional Division No. 39, 5210 --61 Street, Red Deer, AB T4N 6N8, or telephone 403-343-1055.