



Livingstone Range School Division

Field Trip Proposal Form Principal Approved

School Name: _____

Phone: _____ Fax: _____ Email: _____

Destination: _____

Departure Date: _____ / Time: _____ Return Date: _____ / Return Time: _____

Grade Level: _____ # of Students: _____ (Males _____ Females _____)

This form covers a series of co-curricular / extra-curricular activities in the _____ school year. (See attached schedule.)

Supervision

Names of Supervisors

Staff/Volunteer/Service Provider

Gender

Teacher-in-Charge: _____ ☐ M ☐ F

Other Supervisor: _____ ☐ M ☐ F

Other Supervisor: _____ ☐ M ☐ F

Other Supervisor: _____ ☐ M ☐ F

Total Number of Supervisors: _____

Primary First Aider (if athletic event) _____ Certification Held: _____

Transportation

Attachments Checklist (As applicable)

- ☐ Walking
- ☐ School-Owned Bus/Van
- ☐ Public Transport
- ☐ Charter Bus (Company Name: _____)
- ☐ Rental Van (Company Name: _____)
- ☐ Volunteer Driver ☐ Staff ☐ Other ☐ Supervisor
- ☐ Other (Please specify below)

- ☐ Program / Activity Plan
- ☐ Teacher / Leader Qualifications Assessment
- ☐ Parent Correspondence (re: trip and/or meeting)
- ☐ Parent Consent / Risk Acknowledgement Form
- ☐ Volunteer Consent / Risk Acknowledgement Form
- ☐ Volunteer Driver Authorization(s)
- ☐ Student Medical & Emergency Contact Form
- ☐ Other (Please specify below)

Educational Value and/or Purpose

What activity(ies) will occur during the trip? (Or attach the trip plan or itinerary.)

Parent Information

Describe the nature of communication provided to parents regarding the trip (attach appropriate documents):

Safety

Safety Guidelines (Note: this is for athletics or activity-based events such as skiing, baseball, swimming, horseback riding.)

I have reviewed and applied relevant Board Policies and the **Safety Guidelines for Physical Activity in Alberta Schools 2013**.

☐ Yes ☐ No

Safety Plan (If applicable)

Briefly describe the Assessment and Preparation that has occurred regarding:

Site / Terrain: _____

Weather: _____

Equipment / Clothing: _____

Water / Food: _____

Hazards (e.g., sun, insects, animals): _____

Contingency Plan(s): _____

Supervision Plan

- 1) Identify the roles and responsibilities of supervisors (e.g., large and/or small group supervision, group management, discipline, night checks, activity instruction, other):

- 2) When and how will volunteers be briefed regarding their roles, responsibilities and expectations?

Emergency Plan (If Required)

- 1) First Aid, survival and repair kits (as appropriate) are stocked and accessible: ☐ Yes ☐ No
What is the level of First Aid Training with the group (i.e., number of people with each relevant certification)?

- 2) How will emergency services (police, fire, ambulance, search and rescue) be activated if needed in the area?

- 3) What steps will follow if a participant is ill or has a non-life threatening injury?

Approvals

Name of Teacher in Charge

Date

Signature

Name of Principal in Charge

Date

Signature

Important Notes:

- 1) The Division reserves the right to cancel any off-site activity at any time.
- 2) Prior to submitting this application form to the Principal, the teacher in charge will have read through Administrative Procedure 259, *Off-Campus Activities*, Administrative Procedure 260, *Extra-Curricular Athletic Activities*, and Administrative Procedure 261, *High Risk Field Trips & Activities* and realize the extra responsibilities associated with taking students off-site.