



OUTDOOR WILDERNESS/CULTURAL ACTIVITIES APPROVAL FORM

Please note the following when completing the attached approval form:

- The attached form is to be used for requesting approval for outdoor wilderness/cultural activities. Due to the complexity of these activities and potential for risk, this form must be completed by the teacher/staff person in charge, reviewed and approved by the Principal and school committee, submitted to the Area Superintendent and forwarded to the Board of Trustees at least six weeks in advance of the date of the planned activities. If an activity is planned for September and October, and the approval request cannot be submitted to the Board prior to the activity taking place, the request may be submitted to the Chief Superintendent for approval. The Board of Trustees has authorized the Chief Superintendent to approve activities in these circumstances provided all planning procedures are followed and all other approvals are in order.
- Please review the policy, regulations and the Outdoor Wilderness/Cultural Activities Planning Guide prior to completing this form.
- Please ensure that all information requested of the form is provided. Insufficient information will result in approvals being withheld and possible delays or cancellations.
- Information on the form, including the itinerary, must be shared with students, parents/guardians and staff members prior to the activity being undertaken.

SUMMARY

School _____

Destination _____

Dates _____

Approvals:

Principal _____ Date _____
(Signature)

School Committee _____ Date _____
(Signature)

Area Superintendent _____ Date _____
(Signature)

Board of Trustees (if required) _____ (Board Motion/Date)

GENERAL INFORMATION

Please provide the following general information:

School _____

Brief description of trip _____

Destination _____

Dates _____

1. Who is applying for approval?

Name _____ Signature _____

Position _____

2. What are the educational benefits of this activity?

Trips must have an educational value and be related in an identifiable way to student outcomes, curricula, approved school programs, or culturally-based activities.

What is the overall rationale for the trip?

What are the outcomes for students?

What is the relevance to the curricula or school program or culture of the students?

What educational activities will take place prior to and after the activity?

3. What students will be participating?

Details regarding participating students must be provided to ensure activities are appropriate to the ages, grades and gender of students.

What criteria was used for the selection of students?

How many students will be participating? _____

Number of male students _____ Number of female students _____

What are the grades (course/group) of the students? _____

Additional information, if any _____

4. Who will be providing supervision?

Please list the supervisors and chaperones and indicate if they are teachers/administrators, support staff, parents, other community members and community resource people.

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How many chaperones are male? _____ How many chaperones are female? _____

What is the supervisor/student ratio? _____

Has a code of conduct been established? Yes _____ No _____

How were the **Guidelines for Chaperones** provided to and reviewed with all chaperones?

How was the code of conduct explained to students and parents? _____

Additional information (if any) _____

5. What accommodation will be used for overnight stays?

The type of accommodation and related supervision must be planned carefully in order to ensure student safety and limit chaperone liability. Accommodation for students and chaperones must be safe and as clean and comfortable as the activity allows. The ratio of chaperones to students must be sufficient to properly supervise the age group in the accommodation facility. Overnight mixed gender trips require a minimum of one male and one female chaperone.

Please provide details on the accommodation.

6. What safety precautions have been taken?

The Division and its employees have the primary and legal responsibility for ensuring the safety of students. This responsibility cannot be delegated to another party. Schools must anticipate potential risk and take the necessary steps to address such risks. Ensuring the safety of students includes being aware of and being prepared to deal with any medical concerns or conditions.

What safety training has been provided for chaperones?

Please list the chaperones and their training/credentials.

Name	Training
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list the community resource people and their training/credentials.

Name	Training

Have students received safety training/preparation? Yes _____ No _____
(Please note that the activity will not be approved if students have not received safety training/preparation.)

If yes, describe the training/preparation _____

Are first aid supplies available? If not, why not? _____

Are there any existing medical conditions/alerts? If yes, how are they being addressed?

Are the supervisors prepared to handle any medical concerns?

Will there be any high-risk activities involving students? Yes _____ No _____

If yes, describe the activities.

Will firearms be on site/used during any activities? Yes _____ No _____

If yes, describe why the firearms are present and their role in the activity.

Who is the adult responsible for firearm safety and use?
Name _____ Position _____

What conditions are in place for firearm and ammunition storage? _____

What type of emergency communication system will be available during the activity? _____

7. What is the itinerary for the activity?

Clear and full details about the entire activity are essential and must be provided in advance to the approving authorities and to parents.

What is the departure date, time and location? _____

What is the daily schedule for the duration of the activity? _____

What is the return date, time and location? _____

Additional information, if any _____

8. What is the budget for the activity?

Outdoor wilderness and cultural activities may be costly. The school must plan effectively to address these costs. Students and families should bear minimal, if any, costs related to the activity. Detailed financial information is essential in the early planning of an activity and this information must be shared with parents, students and the school committee.

What is the total cost of the trip? _____

Please provide budget details including all travel, meal, accommodation and event costs.

What are the sources of funds?

What fundraising activities have been conducted and are being planned?

9. What means of transportation is being used?

There is a potential increased risk level for travel related to outdoor wilderness and cultural activities. Details regarding the means of travel are required to ensure the safety of all participants..

What means of transportation is being used? (E.g. Division bus, train, private vehicles, canoe/motor boat, snowmobile.)

Have the risk factors related to the means of transportation been considered and prepared for?

Are all the legal requirements in place? (E.g. Vehicle and driver licensing.)

10. Is a substitute teacher required?

Yes _____ No _____

If yes, how many days is the substitute required? _____

What are the dates? _____

11. Has information on the activity been provided to parents?

Detailed information about the trip must be provided to parents prior to consent being requested.

What information has been provided to parents?

How was this information provided?

12. Has parental consent been received?

The consent of a parent/guardian is a requirement in order for a student to participate in the activity.

Has the "Off-Site Activity(ies) Consent of a Parent/Guardian and Acknowledgement of Risk form (Exhibit F.1.K-EX3-C4) been completed for each student?

Yes_____ No_____

Has the appropriate medical information been provided on the approved form? (Exhibit F.1.K-EX3-C5)

Yes_____ No_____

Adopted September 1, 2009		
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OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM

_____ **School**

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form and clarify any questions or concerns with the teacher/leader before signing it. If this form is not signed and returned to the school by _____, your child will not be allowed to participate in the activity.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S): _____ OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): _____

EDUCATIONAL PURPOSE/GOAL(S) OF ACTIVITY: _____

ITINERARY/ACTIVITIES: _____

METHOD OF TRANSPORTATION: _____ BY: _____

TEACHER-IN-CHARGE: _____ 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 the following:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. In cases where students are being transported by parents and/or teachers in connection with the above-noted activity, Frontier School Division will ensure that insurance coverage is in place in accordance with Board policy and that each driver holds a valid driver's license, vehicle registration and the vehicle has sufficient seat belts for the number of passengers.
- c. The students are adequately supervised over all aspects of the program/activity.
- d. the location(s) used is appropriate and safe for the activity(ies) and group.
- e. Equipment used has been inspected and deemed appropriate and safe.
- f. A safety plan is in place to identify and manage known potential risks.
- g. An emergency plan is in place to deal with an injury or illness to one of the students.

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

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 due to an unforeseeable event associated with his/her participation.
3. In consideration for the privilege of allowing my child to participate in the above-noted activity, I release Frontier School Division and its staff from and against any and all liability for any injury sustained by my child, regardless of how caused, resulting, arising or relating to my child's participation in the above noted-activity. I further agree to indemnify and save harmless Frontier School Division and its staff or agents from and against any and all suits, demands, torts, and action of any kind which may be made against its staff or agents from or in respect of arising out of any injury, loss, damage, or death resulting or suffered by my child whether by reason of any act, neglect or default by my child, Frontier School Division, Frontier School Division's staff, their agents, or otherwise.
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 provider's 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 transportation arrangements.
6. I acknowledge that it is my responsibility to advise the Board, through its employees, of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
7. I consent that the Board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
8. Based upon my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ has my permission to participate in
 the (Destination/Program) _____ field trip/activity.

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

The personal information contained on this form is collected under the authority of *The Public Schools Act, The Education Administration Act, and The Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school Principal.

Adopted September 1, 2009		
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MEDICAL INFORMATION

Name of Family Doctor: _____

Doctor's Phone #: _____

Manitoba Medical Nos. _____(six digit family #)_____ (nine digit personal #)

Blue Cross or Other Health Insurance No. _____

MEDICAL HISTORY (conditions of which the school personnel should be aware):

Is the student taking any medication with him/her on an excursion? _____

If so, what is it and who is expected to administer this medication?

Should emergency medical services be required for your child during the excursion, the local medical personnel will be contacted immediately.

(Name of Parent or Guardian. Please print.)

(Signature of Parent or Guardian)

(Telephone)

(Date of Signature)

Adopted September 1, 2009		
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