

APPROVAL FOR SCHOOL ORGANIZED FIELD TRIPS

All field trip forms must go to the Principal for approval. Under normal circumstances, allow a minimum of one month for processing.

Date of Trip: _____

Destination: _____ City: _____

Educational Connection: _____
_____ * (attach itinerary)

Approximate Number of Students Involved: _____

Lead Supervisor: _____
(First Name) (Last Name)

Other Supervisors (to meet Supervisory Ratio): _____

How is work being provided for students not participating? _____

How will students make up for work, assignments or tests missed while on the trip?

How is teacher coverage being provided for? _____

Accessibility issues have been considered to ensure that all students can participate

Proposed Financing (complete Appendix 5.3): Attached

Copy of the trip itinerary: Attached

If applicable, Volunteer Driver Authorization Form, (Appendix 5.9), is on file at school

Transportation: _____
(Mode of Transportation and Company)

Departure Time: _____ Return Time: _____

Signature of Principal

Date

Signature of Staff

Grade

Date of Submission



ES-5016 FIELD TRIPS & EXCURSIONS APPENDIX 5.2

APPROVAL FOR SCHOOL ORGANIZED EXCURSIONS

All in province excursion forms must go to the Principal and Appropriate Superintendent for approval. All out of province excursion forms must go to the Principal and Appropriate Superintendent for approval.

Date(s) of Trip: _____ In Province Out of Province

Destination: _____

Educational Connection: _____

_____ * (attach itinerary)

Approximate Number of Students who identify as: Male: _____ Female: _____ Other: _____

Where a TLDSB student, with a gender-lived experience, participates in a school approved overnight excursion, that student shall be afforded shared accommodation with consenting peers of that lived gender. Should consenting peers be unavailable, private accommodation shall be arranged for the student.

Lead Staff: _____ (First Name) (Last Name)

Other Supervisors to meet Supervisory Ratio & Capacity (teacher, E.A., Parent, etc.):

_____(First Name) _____(Last Name) _____(capacity) _____(First Name) _____(Last Name) _____(capacity)

_____(First Name) _____(Last Name) _____(capacity) _____(First Name) _____(Last Name) _____(capacity)

How is work being provided for students not participating? _____

How will students make up for work, assignments or tests missed while on the trip? _____

How is teacher coverage being provided for? _____

Accessibility issues have been considered to ensure that all students can participate

Proposed Financing (complete Appendix 5.4): Attached

Copy of school trip cancellation reimbursement policy is attached (for out of country trips)

Copy of the proposed trip itinerary is attached

If applicable, Volunteer Driver Authorization Form, Appendix 5.9, is on file at school

Transportation (or Travel Agency Used, if applicable): _____ (Mode of Transportation and Company)

Departure Time: _____ Departure Date: _____

Return Time: _____ Return Date _____

School Signature of Principal Date

Signature of Appropriate Superintendent Date

Signature of Staff Grade Date of Submission



FIELD TRIPS - FINANCE ACCOUNTING

A. EXPENDITURES:

Transportation: \$ _____

Admission Charges: _____

Meals:..... _____

Other (specify):..... _____

TOTAL EXPENDITURES: \$ _____

B. INCOME:

School Budget: _____

Other Sources (specify):..... _____

TOTAL INCOME: \$ _____

C. NET COST (A – B): \$ _____

COST PER STUDENT (C ÷ NO. OF STUDENTS PARTICIPATING)..... \$ _____



EXCURSIONS - FINANCE ACCOUNTING

A. EXPENDITURES:

Transportation: \$ _____

Admission Charges: _____

Meals:..... _____

Accommodation:..... _____

Other (specify):..... _____

TOTAL EXPENDITURES: \$ _____

B. INCOME:

School Budget:..... _____

Other Sources (specify):..... _____

TOTAL INCOME: \$ _____

C. NET COST (A – B): \$ _____

COST PER STUDENT (C ÷ NO. OF STUDENTS PARTICIPATING) \$ _____



INFORMED CONSENT / PERMISSION FORM FOR FIELD TRIPS (Students under 18 years)

Participants: _____

Description of Activity: _____

Date(s) of Trip(s): _____

Location: _____

Mode of Transportation (if personal vehicle, name of driver): _____

THIS TRIP IS SANCTIONED AND APPROVED BY THE APPROPRIATE TRILLIUM LAKELANDS DSB OFFICIALS.

Signature of Staff

Signature of Principal

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY THE PARENT / GUARDIAN OF THE PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as the activity described above involve elements of risk. Injuries may occur while participating in these activities. The chance of a student being injured can be reduced if your student behaves respectfully and appropriately and carefully follows instructions at all times while engaged in the activity.

If you choose to participate in the activity described above on the date listed, you must understand a condition of your student's participation is that you bear the responsibility for any injury that might occur.

Trillium Lakelands District School Board does not provide accident insurance coverage for student injuries that occur on school premises or during school activities. The Board makes available an Accident and Life insurance program through Reliable Life Insurance Company. Participation is voluntary and costs are to be paid by the parent or guardian. You may apply directly at www.insuremykids.com or by calling toll free 1-800-463-5437.

ACKNOWLEDGEMENT AND PERMISSION:

I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PERMITTING MY STUDENT TO PARTICIPATE IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH MY STUDENT'S PARTICIPATION IN THE ACTIVITY. I HAVE REVIEWED WITH MY STUDENT THE NEED TO ACT RESPECTFULLY AND APPROPRIATELY AND TO CAREFULLY FOLLOW THE INSTRUCTIONS OF SUPERVISORS OF THE ACTIVITY.

I acknowledge that I have read and accepted the terms of the foregoing paragraph and I give my student permission to participate in the activity described above on the date listed.

Specify any health considerations and/or special diet restrictions: _____

Name of Student (Print Clearly)

Grade

Student Number

Signature of Student

Date

Signature of Parent / Guardian

Date



INFORMED CONSENT/PERMISSION FORM FOR EXCURSIONS (Students under 18 years)

The _____ is arranging
(name of school)

(description of activity)

(dates)

ITINERARY IS ATTACHED:

THIS TRIP IS SANCTIONED AND APPROVED BY THE APPROPRIATE TRILLIUM LAKELANDS DSB OFFICIALS.

Signature of Staff

Signature of Principal

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY THE PARENT / GUARDIAN OF THE PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as the activity described above involve elements of risk. Injuries may occur while participating in these activities. The chance of an injury occurring can be reduced if your student behaves respectfully and appropriately and carefully follows instructions at all times while engaged in the activity.

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I acknowledge that I have read and accepted the terms of the foregoing paragraph and I give my student permission to participate in the activity described above on the date listed.

Specify any health considerations and/or special diet restrictions: _____

Name of Student (Print Clearly)

Grade

Student Number

Signature of Student

Date

Signature of Parent / Guardian

Date

EXCURSION TRAVEL CHECKLIST For Principals and Staff

		<u>Yes</u>	<u>N/A</u>
1.	APPROVAL FOR SCHOOL ORGANIZED FIELD TRIPS/EXCURSIONS FORM (Appendix 5.1, 5.2) <ul style="list-style-type: none"> • Curriculum objectives outlined for the field trip / excursion have been stated <input type="checkbox"/> <input type="checkbox"/> • Principal / Superintendent signatures have been received <input type="checkbox"/> <input type="checkbox"/> 		
2.	WAIVERS / CONSENT FORMS <ul style="list-style-type: none"> • Parent / guardian consents are complete and on file <input type="checkbox"/> <input type="checkbox"/> • Aquatics testing results <input type="checkbox"/> <input type="checkbox"/> 		
3.	ITINERARIES <ul style="list-style-type: none"> • Arrangements have been finalized for the facilities (hotels, entrance fees for museums, galleries, restaurant reservations, group daytime tours) <input type="checkbox"/> <input type="checkbox"/> • Copies of payments (advance entry) received from facilities <input type="checkbox"/> <input type="checkbox"/> • Contact names and phone numbers of resource personnel at facilities <input type="checkbox"/> <input type="checkbox"/> 		
4.	TRANSPORTATION <ul style="list-style-type: none"> • Transportation arrangements meet Board procedures <input type="checkbox"/> <input type="checkbox"/> 		
5.	PASSPORTS <ul style="list-style-type: none"> • Students have a passport if travelling out of Canada <input type="checkbox"/> <input type="checkbox"/> • Students have a photocopy of passport / birth certificate in suitcase <input type="checkbox"/> <input type="checkbox"/> 		
6.	SUPERVISION <ul style="list-style-type: none"> • Adequate supervision based on Board guidelines has been arranged <input type="checkbox"/> <input type="checkbox"/> • List of all supervisors' names is on file at the school <input type="checkbox"/> <input type="checkbox"/> • Supervisors / chaperones have been informed of trip itinerary, procedures <input type="checkbox"/> <input type="checkbox"/> • All volunteers have completed criminal record checks <input type="checkbox"/> <input type="checkbox"/> • All volunteers have been briefed regarding inappropriate behaviours <input type="checkbox"/> <input type="checkbox"/> 		
7.	SCHOOL STAFF <ul style="list-style-type: none"> • Other staff members in the school have been notified of this trip <input type="checkbox"/> <input type="checkbox"/> • The student list has been circulated and approved by staff and Principal <input type="checkbox"/> <input type="checkbox"/> • Work has been provided for students not participating <input type="checkbox"/> <input type="checkbox"/> 		
8.	SUPPLY TEACHERS <ul style="list-style-type: none"> • Arrangements have been made for on-call / supply teachers <input type="checkbox"/> <input type="checkbox"/> • Payment for supply teachers has been arranged. This applies to teacher supervisors from other schools' staff. <input type="checkbox"/> <input type="checkbox"/> 		
9.	MEDICAL <ul style="list-style-type: none"> • Current student / supervisor medical information forms are complete and on file <input type="checkbox"/> <input type="checkbox"/> • Photocopies of all prescription medication are completed and with supervisor <input type="checkbox"/> <input type="checkbox"/> • Appropriate provisions have been made for the storage and administration of medication <input type="checkbox"/> <input type="checkbox"/> 		

- | | | | |
|-----|--|--------------------------|--------------------------|
| 10. | EMERGENCY PROCEDURES | | |
| | • Have been discussed with and agreed to by the Principal | <input type="checkbox"/> | <input type="checkbox"/> |
| | • A “safe haven” has been described to students (i.e. Embassy, Host Hotel, Consulate, etc.), and emergency action plan discussed | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Students have and will carry hotel / host family telephone numbers / addresses | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Telephone chain has been completed | <input type="checkbox"/> | <input type="checkbox"/> |
| | – to be tested upon arrival at destination | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Alternate communication arrangements have been made, if required | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | CARRIER / AGENCY | | |
| | • Board sanctioned travel / tour agency has been retained | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | FINANCES | | |
| | • The opportunity for the trip has been offered to all students | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Field trip / excursion expenses have been openly outlined to parents (costs itemized) | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Fundraising – budget (proceeds and costs) outlined and submitted to parents and Principal | <input type="checkbox"/> | <input type="checkbox"/> |
| | • All students have individual cancellation insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | PARENTS / STUDENT | | |
| | • Attached checklist for the parent / traveller meeting has been completed and reviewed by all those travelling | <input type="checkbox"/> | <input type="checkbox"/> |

ALL PARTICIPANTS' MEETING CHECKLIST For Staff / Supervisor

	Yes	N/A
1. INFORMATION:		
• An information meeting has been held where ALL participants and parents have attended;	<input type="checkbox"/>	<input type="checkbox"/>
• All arrangements have been thoroughly discussed with all participants and parents;	<input type="checkbox"/>	<input type="checkbox"/>
• All participants and parents have been provided with a written description of the itinerary;	<input type="checkbox"/>	<input type="checkbox"/>
• Accommodation telephone and addresses have been given to all participants and parents;	<input type="checkbox"/>	<input type="checkbox"/>
• A check list has been provided to all participants for personal equipment, money, money belts, appropriate clothing (which is respectful and appropriate for the country or city or event), meal costs;	<input type="checkbox"/>	<input type="checkbox"/>
• Room assignments have been put in place;		
• A reminder to all participants and parents, the trip can be cancelled or terminated at any time if, in the opinion of the principal, the excursion cannot proceed or be completed in a safe or satisfactory manner.	<input type="checkbox"/>	<input type="checkbox"/>
2. SAFETY:		
All participants have been instructed in safety measures regarding:		
• airport procedures (i.e. Behaviour protocol for going through customs, size and contents of carry-on luggage);	<input type="checkbox"/>	<input type="checkbox"/>
• identification procedures for luggage (i.e. Serial numbers of all equipment such as instruments and cameras has been recorded, place brightly coloured 'flag' tape on handles, lock and seal all cases and equipment, musical instruments are pre-measured and packaged);	<input type="checkbox"/>	<input type="checkbox"/>
• maps – participants should carry a copy of city and transit maps at all times;	<input type="checkbox"/>	<input type="checkbox"/>
• "Free Time/Swimming" – participants must stay in small groups and never go off alone in case of accident or illness, chaperone must be informed of small group destination;	<input type="checkbox"/>	<input type="checkbox"/>
• being streetwise – participants are encouraged to watch for pick pockets, con artists, etc.;	<input type="checkbox"/>	<input type="checkbox"/>
• action plan in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>
3. DOCUMENTATION:		
• All participants have been instructed to obtain the required documentation including photo identification (with a second copy to be kept in luggage), passports, health cards, immunization records, etc.;	<input type="checkbox"/>	<input type="checkbox"/>
• Participants are encouraged to purchase a travel security pouch for documents.	<input type="checkbox"/>	<input type="checkbox"/>
4. BEHAVIOUR:		
• Participants have been made aware and agree to Trillium Lakelands DSB expectations for out-of-school trips and that all school rules apply while travelling (no alcohol, drugs, disruptive or rude behaviour) and that any misconduct may result in the participant being sent home at the parent / guardian's expense;	<input type="checkbox"/>	<input type="checkbox"/>
• Travel etiquette has been explained including how to behave appropriately while travelling with business people, flight attendants etc.;	<input type="checkbox"/>	<input type="checkbox"/>
• Accommodation etiquette has been explained including behaviour in hotels and with host families (including encouragement to respect other's needs and to help out where needed);	<input type="checkbox"/>	<input type="checkbox"/>
• Respect for roommates while travelling has been explained;	<input type="checkbox"/>	<input type="checkbox"/>
• Laws and cultural differences within the country(s) travelled have been explained and proper precautions have been outlined (i.e. Clothing, manners, language, toilet facilities, gypsies, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

5. MONEY:

- Participants have been encouraged to not carry a lot of cash while travelling and to obtain other forms for payment (caution participants about using bank machines as they may not always work);
- Cost of currency exchange has been explained.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

6. GROUP ACCOUNTABILITY:

- Group ratios have been explained to all participants;
- Student leaders have been assigned for each group to help with attendance checks;
- All participants agree to respect timelines for itinerary and curfews and to be prompt for meeting times while travelling.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTEER DRIVER AUTHORIZATION TO TRANSPORT STUDENTS

Thank you for volunteering. As a driver you are responsible to provide a vulnerable sector check.

This will authorize _____
(name of staff or other volunteer driver)

1. To transport students participating in the events listed on the attached school schedule
OR
2. To transport students participating in the following school activity:

3. Vehicle Information: Make: _____ Year: _____ Licence #: _____

_____	_____	_____
Date	School Name	Principal's Signature

NOTE: ALL "TRIP DRIVERS", INCLUDING VOLUNTEER DRIVERS, ARE ADVISED THAT, IN ORDER TO BRING INTO EFFECT THE BOARD'S EXCESS LIABILITY INSURANCE, THEY MUST:

- (a) Use an appropriately licensed automobile which carries valid automobile Third Party Liability insurance as required under Ontario legislation;
 - (b) Provide the school Board with prompt written notice, with particulars, of any accident arising out of the use of a licensed automobile during a trip on Board-related business;
 - (c) Be aware that the school Board's Excess Automobile Liability insurance comes into effect only after the vehicle owner's primary Third Party Liability Insurance limit has been exhausted;
 - (d) Be aware that any damage to the volunteer's vehicle and the cost of any insurance deductible or premium adjustment as the result of an accident while the vehicle is being used on Board-related business is NOT covered by the school Board's Excess Automobile Liability insurance.
- N.B. A "trip driver" is defined as any person authorized by the Board who has agreed to be a driver for a certain trip while they are driving their own or another licensed automobile. This includes, but is not limited to: Trustees, employees, teachers, parents, volunteers, and officials of the school Board. "Trip drivers" who use their personal vehicles for transporting students to student activities should advise their insurance carrier.

DECLARATION TO BE SIGNED BY DRIVER

I declare that I have read the foregoing and I confirm that I hold a valid driver's license (Class G if carrying passengers other than immediate family) and am authorized to drive in Ontario, my vehicle is insured by a valid automobile liability insurance policy as required by Ontario law, and a minimum of \$1,000,000 automobile Third Party Liability insurance is in effect.

I declare that the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

_____	_____
Signature	Date

DECLARATION TO BE SIGNED BY OWNER (IF DRIVER DOES NOT OWN THE VEHICLE)

I declare that I have authorized _____ to drive my vehicle to transport students participating in the school event(s) listed on this form.

I declare that he/she holds a valid license (Class G2 or higher), is authorized to drive and is insured as an operator under the vehicle's liability insurance.

I declare that the vehicle described is mechanically fit and that there are seat belts in working condition for all passengers.

_____	_____
Signature	Date

**PARENT / GUARDIAN CONSENT FORM
*On-Going Field Trips***

This consent form relates to:

1) Off-campus activities that are part of the course curriculum and occur as a planned part of the program, such as:

- local community trips for a variety of purposes such as the park, library, or fire hall;
- physical education recreation courses, including bowling, curling, or golf;
- geography and / or urban / physical studies in the local area; and
- music classes performing locally.

OR

2) Any scheduled off-campus events, such as sports or music that occur frequently as part of the co-curricular activity (band, team, etc.), such as:

- sports team tournaments or league games; and
- performances by a choir, band and / or drama group or attendance at competitions.

Class or Team / Club: _____

School Year: _____ Teacher-in-charge: _____

School: _____

Dates of Activities	Location

see attached for additional dates

ELEMENTS OF RISK:

Educational activity programs, such as the activity described above involve elements of risk. Injuries may occur while participating in these activities. The chance of a student being injured can be reduced if your student behaves respectfully and appropriately and carefully follows instructions at all times while engaged in the activity.

If you choose to participate in the activity described above on the date listed, you must understand a condition of your student’s participation is that you bear the responsibility for any injury that might occur.

Trillium Lakelands District School Board does not provide accident insurance coverage for student injuries that occur on school premises or during school activities. The Board makes available an Accident and Life insurance program through Reliable Life Insurance Company. Participation is voluntary and costs are to be paid by the parent or guardian. You may apply directly at www.insuremykids.com or by calling toll free 1-800-463-5437.

ACKNOWLEDGEMENT AND PERMISSION:

I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PERMITTING MY STUDENT TO PARTICIPATE IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH MY STUDENT'S PARTICIPATION IN THE ACTIVITY. I HAVE REVIEWED WITH MY STUDENT THE NEED TO ACT RESPECTFULLY AND APPROPRIATELY AND TO CAREFULLY FOLLOW THE INSTRUCTIONS OF SUPERVISORS OF THE ACTIVITY.

I acknowledge that I have read and accepted the terms of the foregoing paragraph and I give my student, permission to participate in the activity described above on the date listed.

Parent / Guardian: Please complete the information below, record the dates on your home calendar, and return the form in its entirety to the school.

_____ has my permission to participate in the on-going field trips
(name of student)

as described herein, for the _____ school year.

Signature of Parent/Guardian

Date

Home Telephone Number

Work Telephone Number

Signature of Principal

Date