

AWAY FROM SCHOOL ACTIVITIES

SCHOOL DAY TRIPS (Excluding High Risk Activities)

School-Based Administration Approval Required

A. INFORMATION	
Name of Teacher:	School:
Type of Activity:	
Grade Level:	Number of Students:
Destination:	Trip Date:
Depart Time:	Return Time:
Transportation: Travel by Bus (PSSD No. 210) or Other:	
Number of Teachers, Parents, Chaperones:	
Qualifications/Certifications of Teachers, Parents, Chaperones: First Aid Other _____	

B. SAFETY GUIDELINES

Parent consent forms and medical information including the Health Card Number will be obtained.

Evacuation Plan is in place and will be communicated to appropriate individuals.

Designated supervisor has access to emergency vehicles at all times.

Access to cellular or satellite phone or other communication device.

A list of emergency telephone numbers will be formulated.

Have reviewed the Physical Activity Safety Guidelines section on Outdoor Education.

Appropriate number of supervisors as designated in the Physical Activity Safety Guidelines.

D. LEARNING OBJECTIVES (*Relationship of trip activities to curriculum for curricular excursions*)

E. SCHEDULE OF ACTIVITIES

**This form must be completed and presented to the
Principal prior to the planned dates.**

Teacher Signature

Date

Principal Signature

Date

Request Approved

Request Denied