OVERNIGHT EXCURSIONS / OUTDOOR EDUCATION / HIGH RISK ACTIVITIES APPLICATION FORM

Division Office Administration Approval Required

A. INFORMATION	
Name of Teacher:	School:
Type of Activity:	
Grade Level:	Number of Students:
Destination:	Trip Date:
Number of School Days (Partial/Full):	
Transportation: 'Travel by Bus (PSSD No. 210) or 'Other: 'Travel by Car/Var(List namesof drivers):	
Number of Teachers, Parents, Chaperones:	
Qualifications/Certifications of Teachers, Parents, Chaperones: 'First Aid 'Lifeguard 'Canoe Certification '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 appropriateduals.
- ... Designated supervisor has access to emergency vehicles at all times.
- ... Access to cellulaor satellite phone or other communication device
- ... A list of emergency telephone numbers will be formulated.
- ... Have reviewed the Physical Activity Saf@uidelinessection on Outdoor Education.
- ... Appropriate number of supervisors as designated in the Physical Astafety Guidelines
- ... Male and Female Chaperones for æccactivity.
- ... If using 15 passenger vans, SSBA safety guidelines and restrictions will be followed.

C. BUDGET