



**STUDENT EXCURSION
APPROVAL IN PRINCIPLE
FOR BOARD APPROVED TRIPS ONLY**

Form 319-1

SCHOOL: _____

DESTINATION _____

PURPOSE OF TRIP _____

DATES: _____ to _____ (inclusive)

Number of Instructional Days _____ Number of Substitute Days _____

Number of Students _____ Students **NOT** Attending _____ Grade (s) _____

ITINERARY (*may be attached to form*)

TRANSPORTATION _____

ESTIMATED COST
PER STUDENT _____ Proposed Financing: _____

SUPERVISORS _____

I hereby affirm that there will be supervised activities at school, planned for those eligible students who choose to remain at school.

I also affirm that written parental approval will be obtained for each student prior to participating in the proposed excursion.

SIGNATURE OF
EXCURSION LEADER _____ Date _____

APPROVED BY:

PRINCIPAL _____

SUPERINTENDENT _____

SUPERINTENDENT / BOARD _____ (*for all excursions outside Alberta*)

Board Motion: _____



**PARENT PERMISSION FORM
FOR CLASSES AND/OR CO-CURRICULAR ACTIVITIES**

Form 319-2

I authorize _____, (*name of student*) to attend the activity.

Date(s): From: _____ To: _____, by _____

Transportation: _____ (*Add type of transportation*)

Summary of Activities:

Activity	Dates	Location	Address

I have reviewed, and I agree with all the information provided in this parent permission form. I consent to my child partaking in the activity(ies) as described and I agree that this planned activity is acceptable.

Signature of Parent

Date

Medical Conditions

The following is a list of my child's medical conditions including allergies, and a list of medication that my child must take.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment/intervention in the event of an emergency.

Signature of Parent

Date

Emergency Contact Person

Emergency Telephone Number



**PARENT PERMISSION FORM
FOR TEAM SPORTS**

Form 319-3

I authorize _____, (*name of student*) to participate in the following sport.

The _____ (*identify sport*) team will be competing at the following school / sites as per the schedule identified below.

Date(s)/Period: From: _____ To: _____, by

Transportation: _____ (*Add type of transportation*)

Summary of Scheduled Dates

Please note these dates are not restrictive and other games may be scheduled / rescheduled as required. Additional information will be sent home at that time.

Date(s)	Times	Location

I have reviewed, and I agree with all the information provided in this parent permission form. I consent to my child partaking in the sport activity as described and I agree that this planned activity is acceptable.

Signature of Parent

Date

Medical Conditions

The following is a list of my child's medical conditions including allergies, and a list of medication that my child must take.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment/intervention in the event of an emergency.

Signature of Parent

Date

Emergency Contact Person

Emergency Telephone Number



**PARENT PERMISSION FORM
FOR CLASSES AND/OR CO-CURRICULAR ACTIVITIES**

Form 319-4

I authorize _____, (*name of student*) to attend the activity
checked off below:

Date(s): From: _____ To: _____, by _____

Transportation: _____ (*Add type of transportation*)

Summary of Activities:

✓	Activity	Dates/Times	Location	Address

I have reviewed, and I agree with all the information provided in this parent permission form. I consent to my child partaking in the activity(ies) as described and I agree that this planned activity is acceptable.

Signature of Parent

Date

Element of Risk

Medical Conditions

The following is a list of my child's medical conditions including allergies, and a list of medication that my child must take.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment/intervention in the event of an emergency.

Signature of Parent

Date

Emergency Contact Person

Emergency Telephone Number

Educational activities involve certain elements of risk. Personal injury, including serious injury up to and including loss of life may occur while participating in the activities.

The risk of sustaining these injuries results from the nature of the activity and can occur without fault of either the student, or the school board, its employees / agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you / your child may be injured.

The chance of an injury occurring can be reduced by carefully following procedures and instructions at all times. If you choose to participate in _____ (*state activity*) on _____ (*date*) you must understand that you bear the responsibility for any injury that may occur.

Acknowledgement

WE HAVE READ THE ABOVE, WE UNDERSTAND THAT PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Principal Signature / Designate: _____

Date: _____



FIELD TRIP CHECK LIST

Yes	No	N/A	Pre Activity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational value of the trip is evident (e.g., goals and student learning outcomes stated)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has Approval in Principle been given? (For Board Approved Trips)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has Transportation been booked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does this activity meet all of the division's requirements for field trips?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does this activity meet the "Safety Guidelines for Physical Activity in Alberta Schools?"
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you previewed this site, or has the destination been registered through the ECACS Student Excursion Registry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Itinerary and activities are outlined.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Information given to parents appropriate for the type/duration of trip?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The parent information meeting date has been planned.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental consents have been collected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant student health and medical information have been secured from parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional insurance needs have been addressed, if relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Budget and financial arrangements are appropriate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the students been prepared for this activity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the students been provided with specific rules of behaviour for this activity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a list of student personal needs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you determined how many staff / volunteers are required to make this trip safe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the volunteers completed the Volunteer Registration Form?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is any supervisor qualified in this activity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is any supervisor First Aid Certified? (pending activity)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is any supervisor CPR Certified? (pending activity)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any volunteers qualified in this activity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have volunteers given a copy of their responsibilities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a substitute teacher been booked?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have participant lists been distributed to Principal _____, Bus Driver, _____ Supervisors _____.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office to receive copy of finalized trip plan, passenger manifestos, and names of no-shows.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have plans been made for dealing with emergencies?

Revised December 6, 2016

SAFETY PLAN

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

1. First aid, survival & repair kits (as appropriate) are stocked and accessible: ☐ Yes ☐ No

What is the level of first aid training within 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?

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

Name of Teacher-in-Charge (please print)	Date (year/month/day) / /	Signature
Name of Principal (please print)	Date (year/month/day) / /	Signature
Additional approval (as needed) Specify:	Date (year/month/day) / /	Signature

**OFF-SITE INCIDENT REPORT FORM**

Form 319-7

INCIDENT DATA				
	Year	Month	Day	Hour : Minute
Date and approx. time incident occurred	/	/	/	:
Date and approx. time of first response	/	/	/	:
Date and approx. time incident resolved (e.g., injured student treated, lost student found)	/	/	/	:
Location of incident (closest town or geographic landmark):				
Total numbers in the group (including students, teachers and others): _____				
Total number injured, lost, missing or stranded: _____				
Outdoor activity the subjects were involved in (e.g., canoeing):				
Incident environment (please select from list below, at the end of this form):				
Weather conditions at the time (please select from list below):				
Was weather a factor in the response? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of response: Search <input type="checkbox"/> Yes <input type="checkbox"/> No				
Rescue &/or First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No				
Incident description (what happened): _____				
Causes/contributing factors that led to incident: _____				

GROUP/SUBJECT DATA				
Student age range ____ to ____ Gender ____ #M ____ # F				
Subjects Involved in Incident	Subject 1	Subject 2	Subject 3	Subject 4
Age (years)				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Subject Condition (please select from list below)				
Nature of Injury(ies) (please select from list below)				
Body Region(s) Most Affected				

RESPONSE CODES

Please use these codes to respond to related questions above:

Environment	Weather	Subject Condition	Nature of Injuries
01 Urban/suburban land	01 Cold temperature	01 Good condition	01 Fracture/Dislocation
02 Flat land	02 Dry/normal	02 Ill (Sick)	02 Open wound
03 Rugged land	03 Rain/freezing rain	03 Hypothermic	03 Sprain/Strain
04 Mountain	04 Snow	04 Shock	04 Burn
Water	05 Windy	05 Unconscious	05 Abrasion/Scrape
05 River/Lake	98 Other, specify	06 Minor injuries	06 Teeth Broken/Loose
06 Swift water	99 Unknown	07 Major injuries	07 Concussion
07 Flood/control system		08 Deceased	08 Infection
98 Other, specify		98 Other, specify	98 Other, specify
99 Unknown		99 Unknown	99 Unknown

RESPONSE DATADid you/your group manage the incident without external assistance? ☐ Yes ☐ No

Briefly describe the search/rescue/first aid process you used:

Which, if any, subjects were transported to medical care? ☐ 1 ☐ 2 ☐ 3 ☐ 4Which, if any, subjects were transported home? (note 1-4 from previous page) ☐ 1 ☐ 2 ☐ 3 ☐ 4

If emergency services assistance was sought (e.g., RCMP, police, ambulance, parks staff, search and rescue volunteers, etc.) please specify which types of emergency responders were involved:

Briefly describe the search/rescue/first aid process those responders used:

Were participants involved in an incident debriefing of any sort? If so, briefly describe the process and outcomes of this debriefing.

The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.



PASSENGER MANIFESTO

Form 319-8

Trip Destination: _____ Date(s) _____

DRIVER/VEHICLE INFORMATION

Driver's Name: _____ Vehicle Make/Model: _____ License Plate #: _____

PASSENGER LIST

1.	25.	49.
2.	26.	50.
3.	27.	51.
4.	28.	52.
5.	29.	53.
6.	30.	54.
7.	31.	55.
8.	32.	56.
9.	33.	57.
10.	34.	58.
11.	35.	59.
12.	36.	60.
13.	37.	61.
14.	38.	62.
15.	39.	63.
16.	40.	64.
17.	41.	65.
18.	42.	66.
19.	43.	67.
20.	44.	68.
21.	45.	69.
22.	46.	70.
23.	47.	71.
24.	48.	72.