



Vancouver Island West School District 84 Form B (Higher Care Outings Proposal)

School Name: _____

LEAD TEACHER:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DEPARTURE DATE:	DEPARTURE TIME:	RETURN DATE:	RETURN TIME:
AREA OF STUDY:		PURPOSE OF TRIP:	
GRADE/HOME ROOM:	# OF STUDENTS:	# of MALE:	# of FEMALE:

NAMES OF SUPERVISORS: (Please print; add lines if needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M / F
Lead Teacher:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (if applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION: (Check all that apply):	ESTIMATED COST OF TRIP:
METHOD: <input type="checkbox"/> Walking <input type="checkbox"/> School-owned Bus/Van <input type="checkbox"/> Public Transport <input type="checkbox"/> Charter Bus <input type="checkbox"/> 15 Passenger Van <input type="checkbox"/> Rental Van <input type="checkbox"/> By Service Provider <input type="checkbox"/> Transport not provided; participants responsible for own <input type="checkbox"/> Other (specify):	SOURCES OF FUNDING: (i.e., cost/student, other sources) If so accommodated.
DRIVER: <input type="checkbox"/> Professional Driver <input type="checkbox"/> Volunteer Driver (staff/other supervisor) <input type="checkbox"/> Volunteer Driver (student) <input type="checkbox"/> Other (specify): NOTE: Driver Abstract Required	EQUAL ACCESS FOR ALL STUDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Attached
	SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See Attached
	ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No
	CONTINGENCY PLAN:

EDUCATIONAL VALUE:
 Goals and/or Student Learning Outcomes:

Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card):

Student preparation (e.g., re: knowledge, skills, attitudes, fitness):

Follow-up activity(ies) that will occur.

SAFETY GUIDELINES:
 I am familiar with relevant Board policies, District procedures and the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-Site Experiences (2005)*: Yes No

SAFETY PLAN:
 Briefly describe (or attach in Detailed Trip Plan) the risk assessment and safety planning process to address any key risks related to: Environment (e.g., weather, terrain/site, wildlife):

Activity (e.g., transportation, outdoor pursuits/aquatic specific):

Group (e.g., clothing, equipment, water, food, behavior):



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SUPERVISION PLAN:

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant.

VOLUNTEER PLAN:

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

- Background Check Reference Check Criminal Records Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

EMERGENCY PLAN:

Contingency kit(s) carried (stocked and accessible) (check all that apply):

- First Aid Repair Survival

Emergency communications technology carried/available (check any and all that apply):

- Telephone Cell Phone Satellite Phone Radio (VHF, UHF) Family Radio Service None Other
(Specify):

Name of Primary First Aider: _____ Current Certification Held:

Name of School Contact Available 24/7: _____ Phones: (H) _____ (W) _____
(S) _____

ATTACHMENTS CHECKLIST: (Check all forms that will apply and attach blank copies to this form.)

- | | |
|--|---|
| <input type="checkbox"/> Program/Activity/Trip Plan | <input type="checkbox"/> Volunteer Consent and Acknowledgement of Risk Form |
| <input type="checkbox"/> Itinerary Card | <input type="checkbox"/> Volunteer Driver Authorization Form |
| <input type="checkbox"/> Assessing Teacher/Leader Readiness Form | <input type="checkbox"/> Service Provider Proposal, Agreement and/or Contract |
| <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form | <input type="checkbox"/> Passenger List Form |

Other (Specify):

EVALUATION:

Criteria for success of off-site experience:

Process to determine success:

Completed Off-Site Experience Checklist Attached: Yes No

Name of Lead Teacher: (Please Print)	Date: (Year/Month/Day) / /	Signature:
Name of Lead Principal: (Please Print)	Date: (Year/Month/Day) / /	Signature:
Additional Approval: (Please Print) (As needed – specify name and title)	Date: (Year/Month/Day) / /	Signature: