



Vancouver Island West School District 84
Off-Site Experience Proposal Form A
 (Local, Low-Risk Day Trip Proposal)

School Name: _____

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

NAMES OF SUPERVISORS: (Please print; add rows 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):	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	SOURCES OF FUNDING: (i.e., cost/student, other sources) If so accommodated.
		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:
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SAFETY GUIDELINES: I am familiar with relevant Board policies, District procedures and the <i>YouthSafe Outdoors: Safety First! Guidelines for BC School Off-Site Experiences (2005)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No

SAFETY PLAN: Briefly describe (or attach in Trip Plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity and/or group:



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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, screen if/as appropriate, and brief re: roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

EMERGENCY PLAN:

First Aid Kit(s) (stocked and carried/accessible):

Yes No

Emergency communications equipment carried and/or accessible (check any and all that apply):

Telephone Cell Phone Service Provider Responsibility None Other (Specify): _____

Contacts and Number, if relevant: _____

Name of Primary First Aider, if relevant: _____ Certification Held: _____

ATTACHMENTS CHECKLIST: (Check all that apply and attach to this form.)

- Program/Activity/Trip Plan
- Parent/Guardian Correspondence
- Parental Consent and Acknowledgement of Risk Form
- Volunteer Screening Form
- Other (Specify): _____
- Volunteer Driver Authorization Application Form
- Service Provider Proposal, Agreement and/or Contract
- Passenger List Form

Completed Off-Site Experience Checklist attached.

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 Administrator: (Please Print)	Date: (Year/Month/Day) / /	Signature:



**Vancouver Island West School District 84
OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)**

School Name: _____

To the Parent(s)/Guardian(s) of: _____ Grade: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher **BEFORE** signing it.

If this form is not signed and returned to the school by _____, your child **WILL NOT BE ALLOWED TO ATTEND.**

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S): _____ OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): _____

PURPOSE OR EDUCATIONAL GOAL(S): _____

ITINERARY/ACTIVITIES: _____

METHOD OF TRANSPORTATION: _____ BY: _____

LEAD TEACHER: _____ TOTAL NO. OF SUPERVISORS PLANNED: _____

SUPERVISORY ARRANGEMENTS: _____

COST TO THE STUDENT: _____ WHAT TO BRING: _____

OTHER CONSIDERATIONS: _____

BOARD RESPONSIBILITIES

- The Board will make every reasonable effort to ensure or ascertain that:
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - The students are adequately supervised over all aspects of the program/activity.
 - The location(s) used are appropriate and safe for the activity(ies) and group.
 - Equipment used has been inspected and deemed appropriate and safe.
 - A Safety Plan is in place to identify and manage known potential risks.
 - An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: _____

Additional Comments/Requirements: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: _____ Dates: _____

- I accept the mode of transportation for this activity.
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the School or Board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the Board will not be liable for any costs associated with such a cancellation.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that:

(Name of Student) _____ (Date of Birth) _____ has my permission to participate

Date: _____ Name (Please print): _____ Signature: _____

Parent/Guardian Contact Numbers: Day _____ Evening: _____



Vancouver Island West School District 84
OFF-SITE ACTIVITY(IES) CONSENT OF VOLUNTEER
AND ACKNOWLEDGEMENT OF RISK FORM A (Higher Care Outings)

School Name: _____

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)

Volunteer Name: _____ Phone Number: _____ E-mail: _____
Program/Activity: _____ Date (s): _____ **OR**
Series Of Off-Site Activities (Specify Program): _____
Lead Teacher: _____ Phone: _____ E-mail: _____

BOARD EXPECTATIONS FOR VOLUNTEERS

- Volunteers are an important part of the leadership team for an off-site activity and are expected to:
- a) Review and comply with relevant board policy.
 - b) Have qualifications appropriate for the off-site activity.
 - c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure.
 - d) Exhibit positive behaviour and be an acceptable role model
 - e) Support and follow the school code of conduct.
 - f) Report any inappropriate conduct to the lead teacher.
 - g) Adhere to the schedule or itinerary.
 - h) Dress appropriately for the off-site activity.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: _____ Date: _____

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
4. I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by the school, except as required for the purposes of discharging my obligations on the off-site activity.
8. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
9. I acknowledge that the trip supervisors may secure such emergency medical services (e.g., ambulance) as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
10. I understand, acknowledge and consent to the above as described herein.

Date: _____ Name (Please print): _____ Signature: _____

Parent/Guardian consent (if under 18 years of age): _____

OFF-SITE EXPERIENCE/ACTIVITY EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Volunteer Name: _____ Birth Date (optional): _____

BC Medical Services Plan Personal Health No.: _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify): _____

Reaction to above _____ Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias)

Specify the condition(s) and requirements for program modification or specific activities you should not do:

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____
2) _____ Phone: (H) _____ (W) _____ (C) _____