

**Form B (Higher Care Outings Proposal)**

School Name: \_\_\_\_\_

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

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

<b>TRANSPORTATION: (Check all that apply):</b>		<b>ESTIMATED COST OF TRIP:</b>
<b>METHOD:</b> <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):	<b>DRIVER:</b> <input type="checkbox"/> Professional Driver <input type="checkbox"/> Volunteer Driver (staff/other supervisor) <input type="checkbox"/> Volunteer Driver (student) <input type="checkbox"/> Other (specify):  <b>NOTE:</b> Driver Abstract Required	<b>SOURCES OF FUNDING: (i.e., cost/student, other sources) If so accommodated.</b>  <b>EQUAL ACCESS FOR ALL STUDENTS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Attached  <b>SPECIAL NEEDS ADDRESSED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See Attached  <b>ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>CONTINGENCY PLAN:</b>

<b>EDUCATIONAL VALUE:</b> 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.
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<b>SAFETY GUIDELINES:</b> 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
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<b>SAFETY PLAN:</b> 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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Vancouver Island West School District 84  
**Off-Site Experience Proposal Form B**  
**(Higher Care Outings)**

**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

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



Vancouver Island West School District 84  
**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN  
 AND ACKNOWLEDGEMENT OF RISK FORM B (Higher Care Trip)**

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:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. 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: \_\_\_\_\_

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. Based on my understanding, acknowledgement, and consents as described herein,

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

Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening: \_\_\_\_\_



OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN  
AND ACKNOWLEDGEMENT OF RISK (FORM A & B)

School Name: \_\_\_\_\_

**OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION:**  
(Write below or attach a separate page if needed.)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

BC Medical Services Plan Personal Health No.: \_\_\_\_\_

Student School Accident Insurance:  Yes  No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: \_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No Carries Ana Kit?  Yes  No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic condition, phobias, etc.). Be specific: \_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: \_\_\_\_\_

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

Other Health/Medical/Dietary Concerns: \_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian who is filling out and signing this form:

Name: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips.  
If you have any questions about this form, please contact your school administrator.



Vancouver Island West School District 84  
**Off-Site Experience Checklist**

✓ = Met  
 X = Not Met  
 ? = Need More Information  
 - = Not Applicable

School Name: \_\_\_\_\_

**Met Criteria**

- Administrative process respected (e.g., proposal submitted to appropriate administrator in time to be considered)
- Off-site experience accessibility/eligibility policy addressed (e.g., equal access; voluntary participation, if appropriate; special needs addressed; alternative activity for non participants)
- Educational value of the trip is evident (e.g., goals, student learning outcomes, curricular connections)
- Trip is appropriate for the students (e.g., age/grade, preparation, and follow-up)
- Duration of the trip is appropriate and can be accommodated in the school calendar
- Destination or route adequately assessed (through pre-visit or other data collection) and appears appropriate
- Itinerary and activities are outlined and fit the objectives
- The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- Information to be given parents/guardians is appropriate for the type/duration of trip
- Parent/guardian consents to be collected (e.g., consent to attend, consent to secure medical treatment)
- Relevant student health and medical information to be secured from parents
- Additional insurance needs addressed, if relevant (e.g., out of province medical, hospital care)
- Budget and financial arrangements appropriate (e.g., financial accessibility, legality of any fees charged as per hardship policy)
- Transportation arrangements acceptable (type of vehicle and type of driver) and parental consent secured
- Driver's Abstract obtained
- Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas
- Plan to ensure all participants are clear re: behavioural expectations and consequences
- If overnighting, accommodations arrangements are acceptable (e.g., hygiene, security)
- Leadership is competent to instruct/lead the particular group in the identified activity(ies) and environment(s)
- Plan in place to brief supervisors re: trip purpose, logistics, roles/responsibilities, safety plan, emergency plan, etc.
- Safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
- Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, back-up transportation, Emergency Services access)
- Confirmation of the presence of appropriate alternative contingency plan(s) if the trip/part of the trip can't happen
- Destination contact and phone number, e.g., outdoor centre, camp, local authority(ies)
- List of documents teacher will carry (e.g., trip plan, permits, passenger lists, medical conditions and emergency contacts of participants)
- Office to receive copy of finalized trip plan, signed consent forms, passenger lists, and names of no-shows
- Is there an appropriate plan in place to evaluate the trip (e.g., criteria for success, process to evaluate)
- Other relevant information unique to the particular trip. Specify: \_\_\_\_\_

**Comments:**

<b>Name of Lead Teacher</b> (please print):	<b>Date: (year/month/day)</b> / /	<b>Signature:</b>
<b>Name of Principal</b> (please print):	<b>Date: (year/month/day)</b> / /	<b>Signature:</b>
<b>Additional Approval</b> (as needed): Specify:	<b>Date: (year/month/day)</b> / /	<b>Signature:</b>