



**Vancouver Island West School District 84  
DETAILED TRIP PLAN FORM**

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

Parental/Guardian Consent. Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Comments:	Initials: _____
Volunteer Consent. Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Comments:	Initials: _____
Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: All trip supervisors aware of location of forms and copies left with school contacts:	Initials: _____ Initials: _____

<b>TRANSPORTATION:</b>	
Driver(s) aware of route and safety expectations (see <i>Safety First</i> ):	Initials: _____

<b>EQUIPMENT/SUPPLIES:</b> (Attach gear list and complete the following:)			
Group Equipment Checked	Initials: _____	Deficiencies Addressed	Initials: _____
Student Clothing/Equipment Checked	Initials: _____	Deficiencies Addressed	Initials: _____
First Aid/Repair & Survival Kits Check	Initials: _____	Deficiencies Addressed	Initials: _____

<b>ACCOMMODATIONS ARRANGEMENTS:</b> (e.g., hotel/motel, hostel):			
Date of Arrival	Location (City, Town)	Name of Accommodation	Phone Number

<b>BUDGET:</b>	
Expenses:	Source(s) of Funding and Amounts:
Transportation:	School Budget:
Food/Meals:	Fundraising (specify):
Accommodations:	Fee/Student:
Service Providers:	Other (specify):
Fees/Licences:	Other (specify):
Other (specify):	Other (specify):

<b>WEATHER FORECAST:</b> (Recognizing that local patterns can be different and longer term forecasts are less reliable.)				
	Day 1	Day 2	Day 3	Day 4
Low/High Temp.	/	/	/	/
Wind Speed/Direction				
Precipitation Type/Amount				

<b>SITE/AREA INVESTIGATION</b> (From pre-visit, review of maps, guidebooks, talking to local authorities, etc.) comment on results of investigation (e.g., suitability for group and objectives):
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<b>WINTER ROAD CONDITIONS REPORT</b> (from CAA, RCMP or other reliable source):
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**OTHER LOCAL CONDITIONS REPORT:**

(e.g., from Parks Office or other reliable source. May include snow report, water levels, wildlife warnings, etc., as relevant.)

**SAFETY PLAN:**

(Some of this may be addressed on the Trip Proposal Form B or Itinerary Card. Use this table if additional space is needed to identify other strategies/techniques to be employed to manage risks.) Copy relevant info from the *Trip Leadership Resource*.

Potential Known Hazards:	Strategies To Reduce These Hazards:

**NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES:**

(Distinguish appropriately where there are changes at different points along the trip.)

**OTHER RELEVANT INFORMATION:**