



Vancouver Island West School District 84
FORM C – OVERNIGHT AND NO HIGHER CARE ACTIVITIES

School Name: _____

Complete if program/activity involves an overnight or longer outing inside the province and no higher care activities. Delete any irrelevant sections, or mark N/A (not applicable). Submit the completed form with the Parent and Volunteer (if applicable) Consent/Medical form(s). Take a copy of these forms on the trip and leave one with your school contact.

NAME OF TRIP OR DESTINATION: _____

DATE(S): _____

KEY CONTACT INFORMATION	PHONE NUMBERS (WORK/HOME/CELL)
Lead Teacher:	/ /
Principal:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /

ASSISTANTS/VOLUNTEERS	
Capacities (i.e., what relevant key knowledge, skills, fitness and experience will the assistants/volunteers bring?)	
NAME	CAPACITIES

Other staff & volunteers briefed re: logistics, roles/responsibilities/duties, expectations, safety plan & emergency plan:
 Yes No Beyond general group supervision, note specific roles/responsibilities/duties of each person below:

SUPERVISOR'S NAME	ROLES/RESPONSIBILITIES/DUTIES

All Supervisors and Volunteers have a current Criminal Record Check on file: Initials: _____

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Initials _____ Comments: _____

Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: Initials _____ Comments: _____

Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: Initials _____

All trip supervisors aware of location of forms and copies left with school contact: Initials _____

TRANSPORTATION
Method(s): (Indicate all types if more than one and volunteer drivers need a Driver Authorization form on file.)

ACCOMMODATIONS ARRANGEMENTS (e.g. hotel/motel, hostel, homestay)

DATE OF ARRIVAL	LOCATION (city, town)	NAME OF ACCOMMODATION	PHONE NUMBER

BUDGET

EXPENSES	SOURCE(S) OF FUNDING and AMOUNTS
Transportation:	School Budget:
Food/Meals:	Fundraising (Specify):
Accommodations:	Fee/Student:
Service Providers:	Other (Specify):
Fees/Licenses:	Other (Specify):
Other (Specify):	Other (Specify):

SAFETY PLAN: Copy relevant info from the *Trip Leadership Resource*.

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 (FRS) None Other (specify)

POTENTIAL KNOWN HAZARDS	STRATEGIES TO REDUCE THESE HAZARDS

EMERGENCY PROCEDURES

Procedure if a participant is ill or has a non-life-threatening injury (e.g. student too ill to continue trip and needs to be returned home):

EMERGENCY CONTACTS

School emergency contact available 24/7 (name and contact information):

TYPE OF SERVICE	AGENCY	PHONE NUMBER
Medical		
Fire		
Police		

NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES (Distinguish appropriately where there are changes at different points along the trip):

OTHER RELEVANT INFORMATION:

Principal's Signature: _____

Date: _____



**Vancouver Island West School District 84
OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM C (Overnight and No Higher Care)**

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: Overnight Stays

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 C (Overnight and No Higher Care)**

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. | e) Support and follow the school code of conduct. |
| b) Have qualifications appropriate for the off-site activity. | f) Report any inappropriate conduct to the lead teacher. |
| c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure. | g) Adhere to the schedule or itinerary. |
| d) Exhibit positive behaviour and be an acceptable role model | h) Dress appropriately for the off-site activity. |

POTENTIAL KNOWN RISKS

Potential known risks include the following: Overnight Stay(s)

CONSENT AND ACKNOWLEDGEMENT OF RISK

- Destination/Activity/Program: _____ Date: _____
- 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 I may suffer personal and potentially serious injury arising from my volunteer involvement.
 - I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
 - 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.
 - I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
 - 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.
 - 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.
 - 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.
 - 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) _____