

Educational trips are activities that take place beyond the school grounds and supplement the school and classroom programming. Such activities include:

- Educational study tours,
- Field trips,
- Land-based learning programs,
- Interscholastic activities,
- Sports or athletic events,
- Cultural events,
- Wilderness and other outdoor activities.

These activities may take place in the local community, in other Manitoba and Canadian locations, or in other countries.

Frontier School Division Board of Trustees recognizes the educational value of well-planned educational trips.

The Board is very supportive and encourages schools to develop trips that are reflective of the Division's Mission Statement and educational goals. These trips should complement the curricula, programs and student outcomes.

Participating students have a rich and broad educational experience and are better prepared to assume a healthy and contributing role in society.

Information: [YouthSafe Outdoors](#), [YouthSafe Manitoba: Field Trip Safety for Schools](#), [Manitoba Education](#), [Safety Guidelines for Physical Activity in Manitoba Schools](#)

Adopted September 1, 2009	Revised September 1, 2019	
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1. **Planning**

The Division recognizes the need to provide guidelines and procedures to assist staff planning trips outside the school grounds.

Schools must use the following approved resource documents when planning trips:

- YouthSafe Manitoba School Field Trip Resources,
- YouthSafe Outdoors (2004),
- Safety Guidelines for Physical Activity in Manitoba Schools.

All trips must comply with this policy/regulation and any other relevant Division policy. Special planning guides, approval forms and detailed procedures are included in the attached appendices.

In addition to the above, staff must be aware of certain basic expectations when planning any student activity outside the school grounds.

Activities must be:

- Appropriate to the age, developmental level, and needs of the students,
- Reasonable in terms of the overall school schedule and activities,
- Educationally relevant and integrated into multiple subjects, courses or studies,
- Supportive of students not participating in the activity,
- Considerate of major school activities such as tests, examinations, and report cards,
- Well-planned and effectively implemented,
- Based upon the informed consent of parents or guardians,
- Reasonable in terms of costs for students and families, and,
- Planned and conducted with the safety of students and staff always in mind.

2. **Categories of Trips**

Educational trips in Frontier School Division fit into one of two categories, with a few exceptions. These categories are:

- a. Higher Care Educational Trips,
- b. Low Risk Educational Trips.

3. Definitions

a. Higher Care Educational Trips

Higher Care Educational Trips involve the following categories:

- Overnight trips for Grade 8 and under,
- Overnight out-of-province trips (all grades),
- Alpine (downhill) skiing, snowboarding, tobogganing, sledding,
- Archery,
- Artificial wall climbing (indoor or outdoor), climbing activities, rappelling,
- Camping (on the land, hunting),
- Cycling (mountain biking / bmx),
- Hiking and back-packing,
- Horseback riding,
- Initiative-tasks and trust activities,
- Orienteering,
- Skating,
- Small wheel activities (in-line skating),
- Trampoline / gymnastics (off site),
- Water activities (canoeing, kayaking, swimming, windsurfing, board sailing),
- ATV / Skidoo.

Schools planning educational trips that involve any of the above activities must use the forms provided in Appendix A.

b. Low Risk Educational Trips

Low Risk Educational Trips involve the following activities:

- High school athletics,
- Mini-university enrichment programs,
- Activities that are not outlined in the Higher Care Educational Trips.

4. Exceptions to Low Risk and Higher Care Educational Trips

The Music Jamboree, Frontier Games, High School Games, Annual Fish Derby are all Divisional events that only require parental permission forms.

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EDUCATIONAL TRIPS

F.1.K-EX1–List of Forms for Appendix A - Higher Care Educational Trips

F.1.K- EX1 - A1	Planning Guide for Staff
F.1.K- EX1 - A2	Guidelines for Chaperones
F.1.K- EX1 - A3	Higher Care Educational Trip Form
F.1.K- EX1 - A4	Trip Itinerary
F.1.K- EX1 - A5	Assessing Teacher/Leader Competency for Higher Care Activities
F.1.K- EX1 - A6	Off-Site Activity(ies) Consent of Parent/Guardian and Acknowledgement of Risk
F.1.K- EX1 - A7	Off-Site Activity(ies) Consent of Volunteer and Acknowledgement of Risk
F.1.K- EX1 - A8	Volunteer Driver Authorization Application

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Staff must consider the following when planning an educational trip.

Program

- Ensure the trip program is related to the classroom program.
- Outline the purpose and objectives of the trip for use with parents/guardians and approval requirements.
- Provide a brief summary of the educational activities involved in the trip.

People Involved

- Consider and list the number and names of students, staff and other adults.

Dates and Times

- Establish the date and time of the departure and return.
- Establish the location(s) for departure and return.
- Organize a phone chain plan in order to provide notification of delays or changes.

Regular School Program

- Ensure coverage of regular classes and other duties for teacher on the trip.
- Arrange an appropriate program for students not on the trip.
- If students participating in the trip miss regular classes, ensure arrangements are made to cover missed work.

Finances

- All expenses including transportation, accommodation, meals, rentals, admission fees, and miscellaneous should be detailed.
- All sources of revenue, for example, fundraising, student charge, Board support, must be clearly outlined.
- Parents must be advised of all costs.

Safety Procedures

- Check out medical facilities in the area to be visited.
- Know the medical qualifications of staff for high risk activities.
- Inspect First Aid kits. Update if necessary.
- Establish on-site safety procedures.

Safety Procedures (Continued)

- Be aware of health information of all students.
- If outside Manitoba, ensure all participants have appropriate health insurance.
- If special needs students participate, ensure arrangements are made for appropriate assistance.
- Ensure a communication system is in place, such as a minimum daily check-in through cellular phone or radio as appropriate.

Trip Itinerary

- Detail the accommodation arrangements including date, time, location and telephone numbers.
- Outline the arrangement for meals.
- Outline the arrangement for mode of transportation and route.
- Detail special arrangements such as attractions and events.

Student's Personal Needs

- Advise students of appropriate clothing/toiletries.
- Ensure students are aware of passport requirements for international travel.

Consent Forms

- Consent and medical forms must be collected before students depart on the trip.
- If leaving Canada, be certain that a student born overseas has the required forms.
- Volunteer criminal record check.
- Reference check.
- Criminal record check.
- Child abuse registry check.

Prior to Departure

- Leave the final list of participating students, staff and chaperones in the school office.
- Ensure the Trip Supervisor has a master list of all student information.
- Check weather forecast three days prior to trip departure.

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Educational trips including sports trips are possible only with the assistance of Chaperones.

Chaperones allow the school to ensure that a minimum of staff is away from the school at any particular time.

Chaperones are not employees but community members who volunteer their time to team with a teacher/supervisor to ensure that students have a safe and rewarding trip.

Being a Chaperone is demanding.

The Chaperone is an ambassador for the Division and the school, and is on-call at all times.

Frontier School Division acknowledges the very positive and necessary role that Chaperones play.

The following guidelines are intended to clarify the general duties and responsibilities of Chaperones:

- Chaperones, as well as students and staff, must follow all Division and school policies.
- The Supervisor of the trip is a staff person, generally a teacher. Chaperones are expected to provide assistance by carrying out duties and following directions from the Supervisor.
- On any trip, the Supervisor and the Chaperones are on-call at all times, and must be prepared to respond appropriately to any situation that may arise.
- Supervisors and Chaperones shall ensure the safety of students by providing a standard of care consistent with that of a reasonable parent and appropriate to the students' age and nature of the trip.
- Chaperones must provide confirmation of clear Child Abuse and Criminal Record Checks. In some situations, Chaperones will be required to have appropriate training for an activity (example: first aid training for some outdoor wilderness activities).
- Chaperones are expected to supervise students from point of departure (at the school) to point of return (at the school or pre-approved drop-off location).
- Because Chaperones are expected to supervise students on the trip, and to be on-call at all times, no additional children or guests are allowed.

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EDUCATIONAL TRIPS

F.1.K-EX1-A3 – Higher Care Educational Trip Form

Processes

This form must be used when requesting approval for Higher Care Educational Trips. (Refer to Section 3. a. of the Regulations for definition of Higher Care Educational Trips.)

Due to the complexity of activities and potential risks, this form must be:

- completed by the Teacher/staff person in charge,
- reviewed and approved by the Principal and the School Committee,
- submitted to the Area Superintendent for approval, and
- forwarded to the Frontier School Division Board of Trustees **at least six weeks** in advance of the date of planned activities.

If an activity is planned for September and October, and the approval request cannot be submitted to the Board prior to the activity taking place, the request may be submitted to the Chief Superintendent for approval. The Board has authorized the Chief Superintendent to approve activities in these circumstances, provided all planning procedures are followed, and all other approvals are in order.

All information on the Approval Form must be filled out. Insufficient information will result in approvals being withheld, resulting in possible delays or cancellations.

Information on this form, including the Trip Itinerary must be shared with students, parents/guardians and staff members prior to the trip being undertaken.

Higher Care Educational Trip Form

Teacher-in-Charge _____ School Name _____

Phone _____ Fax _____ Email _____

Destination _____

Date _____ Departure Time _____ Return Time _____

Area of Study _____ Purpose of Trip _____

Grade Level _____ # of Students _____ # Male _____ # Female _____

Supervisor/Staff Contact Names (Print and add lines as needed, include telephone #s (work, cell, home), gender (M/F))

Teacher in Charge _____

Principal _____

Vice-Principal or Acting Principal _____

Other Trip Supervisor _____

Other Trip Supervisor _____

Total Number of Supervisors _____

Assistant / Volunteers Competencies (i.e. relevant key knowledge, skills, fitness and experience)

Name	Competencies
_____	_____
_____	_____
_____	_____

Transportation (Check all that apply)

Method

Walking School-owned Bus/Van Public Transport Charter Bus Rental Van By Service Provider

Other (specify) _____

Driver

Professional Driver Staff Volunteer Driver Other (specify) _____

Driver briefed on route and safety expectations Yes No

Equal access for all students assured Yes No Special needs addressed Yes No

Contingency Plan for Behaviour / Weather (outline for both): _____

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. knowledge, skills, attitudes, fitness): _____

Follow-up activity(ies) that will occur: _____

Accommodations (e.g. hotel, motel, hostel, other)

Date of Arrival	Location (City/Town)	Name of Accommodation	Phone #

Budget (Refer to Policy D.1.D. – Fundraising Projects)

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) _____

Firearms

Will there be firearms on site/used during activities? Yes No

If Yes describe why the firearms are present and their role in the activity _____

Who is the adult responsible for firearms safety and use? (name / position) _____

What conditions are in place for firearm and ammunition storage? _____

Supervisor Plan

Describe the supervision processes to be used. Examples: 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.

Site / Area Investigation (from pre-visit, review of maps, guidebooks, talking to local authorities, etc.)

Comment on results of investigation (e.g. suitability for group and objectives)

Safety Guidelines

- I have reviewed and applied all relevant Board policies, Division procedures, and the *YouthSafe Manitoba: Safety First! Guidelines for School Field Trips (2004)*.

Safety Plan

Briefly describe (or attach in detailed Trip Plan) the risk assessment and safety planning process to address key risks related to the following.

Environment (e.g. weather, terrain/site, wildlife) _____

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

Group (e.g. clothing, equipment, water, food, behaviour) _____

Potential Known Hazards and Strategies to Reduce Hazards

Emergency Plan (check all that apply)

Contingency kit(s) carried (stocked and accessible): First Aid Survival Repair/Tools

Emergency communications technology carried: Cell Phone Satellite Phone Radio (VHF/UHF)

Family Radio Services (FRS) Portable AED None Other (specify) _____

Emergency Plan (Continued) (check all that apply)

Name of Primary First Aider _____ Certification Held _____

First Aid kit(s) carried (stocked and accessible) Yes No

Canoe Tripping Level 1 Certificate Yes No Firearms Licence Possession (FAC) # _____

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

Telephone Cell Phone Service Provider Responsibility None Other (specify) _____

Pleasure Craft Operator # _____ Flatwater Certification Yes No

Name of Primary First Aider _____ Certification Held _____

Emergency Contacts

Type of Service	Agency	Phone Number
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Search and Rescue _____

Medical _____

Fire _____

Police _____

Attachments Checklist (check all that apply and attach to this form)

- | | |
|---|---|
| <input type="checkbox"/> Trip Itinerary Form (App. A4) | <input type="checkbox"/> Volunteer Consent Form (App. A 7) |
| <input type="checkbox"/> Assessing Teacher/Leader (App. A5) | <input type="checkbox"/> Volunteer Driver Authorization Form (App. A 8) |
| <input type="checkbox"/> Parental Consent Form (App. A6) | <input type="checkbox"/> Service Provider Master Agreement or Contract |

Other (specify) _____

Other Relevant Information

Evaluation

Criteria for success of trip _____

Process to determine success _____

Name of Teacher in Charge _____ Signature _____ Date _____

APPROVALS

Principal's Signature _____ Date _____

School Committee Signature _____ Date _____

Area Superintendent Signature _____ Date _____

Board of Trustees _____ (Board Motion/Date)

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Higher Care Educational Trip Form

TRIP ITINERARY

Date _____ Day _____ of _____ Objective _____

Location	Grid Reference or key well-known landmarks	Grid (Map) Bearing	Horizontal Distance	Height	
(Place Name, Camp #)	From To			Gained	Lost
Totals	Grid Reference refers to 6-digit location reference # (easterly, northerly)	Remember declination for field bearing	To nearest 10 TH of km.	Meters/ Feet (specify)	Meters/ Feet (specify)

Start Time	Program Activity	Known Hazards	Safety Procedures For These Hazards
	To nearest quarter-hour	Keywords/ Phrases to cue unique hazards	Key words/phrases to cue unique procedures

Environmental Forecast for the day	(Enter data or note N/A if not applicable)	Alternative Routes/Plans
Temperature (low/high)		
Wind Speed /direction (from)		
Clouds (type / % coverage)		
Precipitation (type/amount)		
Time of dusk		
Water level (low, medium, high)		
Snow conditions (depth of base in cm / depth new in cm / avalanche hazard rating)		

Adopted September 1, 2019

Higher Care Educational Trip Form

ASSESSING TEACHER/LEADER COMPETENCY FOR HIGHER CARE ACTIVITIES

Name of Teacher/Leader _____

Proposed Program/Activity _____

1. Have you taken any relevant formal training in outdoor education, outdoor pursuits or related disciplines? Include certification courses, academic courses, other courses or workshops, but not First Aid or CPR. **Yes** **No**

If Yes, complete the table below with respect to the most relevant course(s). Write in your response to the first five rows, and place checkmarks for Yes responses over the remaining items per course. Be prepared to share examples for these items.

Course Particulars	Course 1	Course 2	Course 3
Name of course and level if appropriate			
Institution/organization offering the course			
Year the course was taken (approximate)			
If led to certification. Is the ticket current now?			
Approximate course hours (face-to-face)			
Were your technical skills developed?			
Were your instruction skills developed?			
Were your trip leadership skills developed?			
Did you learn relevant safety procedures?			
Did you learn relevant emergency procedures?			
Did you instruct/lead peers over the course?			
Did you instruct/lead children over the course?			

2. What, if any, First Aid certification do you hold? _____
Is this certification considered current by the certifying body? **Yes** **No**

3. What, if any, CPR certification do you hold? _____
Is this certification considered current by the certifying body? **Yes** **No**

4. Do you have relevant personal recreational and/or sport experience in the activity? **Yes** **No**
If Yes, please answer the following:
- Number of years of participation in the activity _____
 - Days of involvement in the activity over the last three (3) years _____
 - Involvement as part of an organized group (e.g. club, team) **Yes** **No**
 - Have you had a significant mentor in the activity/environment? **Yes** **No**

5. Have you instructed/led program/activity formally in the past? **Yes** **No**
 If Yes, answer the following in relation to the proposed program/activity:

Particulars of Instruction / Leadership Experience	Yes	No
Have you taught / led this same program / activity before with similar students?		
Have you taught / led this or other activities in a similar area / site?		
Have you instructed / led students in relevant technical skills?		
Have you instructed / led students in relevant safety procedures?		

Other relevant experience. Specify: _____

6. If a new activity for you, have any other schools of which you are aware conducted this activity (note which schools, grade, activity and site/area)? _____

7. When, if at all, were you last at/on the proposed site/route? Date _____

8. For any gaps in personal or professional relevant training, knowledge skills, health and fitness and/or experience, what is your plan for addressing this area? _____

**Assessing Teacher/Leader Competency for Higher Care Activities
 General Assessment Based on Responses**

Competency Element	Perceived Contribution to Overall Competency			
	Low	Medium	High	Comments
Formal Training / Courses				
First Aid / CPR Certification				
Recreational / Sport Experience				
Instruction / Leadership Experience				
Familiarity with Site / Area / Route				
Interpersonal "Soft" Skills				
Addressing of Gaps				

Overall Competency for the Proposed Program/Activity (circle one)

LOW MEDIUM HIGH

Comments (e.g. general requirements for program modification and/or resourcing):

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Higher Care Educational Trip Form

OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION

School _____ Student Name _____

Program/Activity _____ Date(s) _____

OR Series of Off-site Activities (Specify Program) _____

Teacher-in-Charge _____

BOARD EXPECTATIONS

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) of the group.
- Equipment used has been inspected and deemed appropriate and safe.

POTENTIAL HAZARDS

Potential known hazards include the following: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation _____ By _____

2. I accept this mode of transportation for this activity: Yes No

OR I will provide my own transportation Yes No

OR I permit my child to use alternate means of transportation. Specify means _____

- 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 due to an unforeseeable event associated with participation.
- My child has been informed to abide by the rules and regulations, including directions and instructions from the School(s), Service Provider(s), Administrator(s), Instructor(s), and Supervisor(s) over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require their exclusion from further participation, or that I be contacted to have them picked up, unless I have specified other transportation arrangements.
- I acknowledge that it is my responsibility to advise the Board of any medical and/or health concerns which may affect my child's participation in the stated program or activity.

8. I consent the Board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

9. Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (name of child) has my permission to participate in the program/activity.

Date _____ Name (print) _____ Signature _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space needed)

Student Name _____ Date of Birth _____ Health Card # _____

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

Reaction 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, chronic conditions, phobias, non/weak swimmer, etc.). Specify the condition(s) and requirements for program modification or specific activities you should not participate in _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such) _____

Other Health/Medical/Dietary concerns _____

EMERGENCY CONTACTS

1. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

2. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

The personal information contained on this form is collected under the authority of *The Public Schools Act, The Education Administration Act, and The Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school Principal.

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Higher Care Educational Trip Form

OFF-SITE ACTIVITY(IES) CONSENT OF VOLUNTEER AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION

School _____ Volunteer Name _____

Program/Activity _____ Date(s) _____

OR Series of Off-site Activities (Specify Program) _____

Teacher-in-Charge _____

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 Teacher-in-Charge.
- g. Adhere to the schedule or itinerary.
- h. Dress appropriately for the off-site activity.
- i. Have completed Criminal Record and Child Abuse forms.

POTENTIAL HAZARDS

Potential known hazards include the following: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation _____ By _____

2. I accept this mode of transportation for this activity: Yes No

OR I will provide my own transportation Yes No

OR I consent to the use of my vehicle for the transportation of students for this activity Yes No

If I will be transporting students in my vehicle, I have completed a **Volunteer Driver Authorization Form**
Yes No

3. 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.
4. 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 due to an unforeseeable event associated with my volunteer involvement.
5. I agree to abide by the rules and regulations, including directions and instructions from the School / Service Provider(s), Administrator(s) and Staff while volunteering in the program or activities.

- 6. I acknowledge that it is my responsibility to advise the Board of any medical and/or health concerns which may affect my participation in the stated program or activity.
- 7. I consent the Board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
- 8. I understand, acknowledge, and consent to the above as described herein.

Date _____ **Name** (print) _____ **Signature** _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space needed)

Volunteer Name _____ Date of Birth (optional) _____

Health Card # _____

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

Reaction 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, chronic conditions, phobias, non/weak swimmer, etc.). Specify the condition(s) and requirements for program modification or specific activities you should not participate in _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such) _____

Other Health/Medical/Dietary concerns _____

EMERGENCY CONTACTS

1. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

2. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

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Higher Care Educational Trip Form

VOLUNTEER DRIVER AUTHORIZATION APPLICATION

School Name _____ School Year _____

Driver's Name _____ Phone Number _____

Driver's Address _____

Driver's Licence # _____ Class _____ Expiry _____

Applications may be approved only when the Driver possesses a valid, appropriate Driver's Licence and is able to respond **NO** to questions concerning convictions and suspensions over the last three (3) years.

Has your Driver's Licence been suspended in the last three (3) years? Yes No

If Yes, date of reinstatement _____

Have you been convicted of an offence under The Highway Traffic Act, The Motor Vehicle Administration Act, or for any motor vehicle-related offense Yes No

INSURANCE RELATED CONSIDERATIONS:

1. The School Board requires that the vehicle owner maintain, at all times, **insurance** in an amount of not less than (e.g. \$1,000,000) in respect of liability or injury or death of any students who are passengers in the vehicle the Volunteer Driver is operating.
2. In the case of an insurance claim (i.e. third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of the School Board.
3. Additional automobile liability insurance protection is provided under the School Board's Comprehensive General Liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. **Damage to any vehicle**, including the owners, **is the responsibility of the Volunteer Driver** and not the School Board.
5. The owner of the vehicle is expected to **inform their Insurance Agent** of the intention to use the vehicle and to act as a Volunteer Driver for School Board activities, and to enquire whether a passenger endorsement is required to do this. As this driving is classified as occasional and volunteer, most insurers do not require that a passenger endorsement be added to the policy or that additional premiums be paid.

Vehicle _____
Make _____ Model _____ Seating Capacity (including Driver) _____

Owner's Name _____ Owner's Address _____

Owner's Phone _____

Insurance on Vehicle (Company and Policy Number) _____

Insurance Agent _____ Liability Limit \$ _____ (or copy of pink slip attached)

COMMITMENTS:

By submitting this application to become a Volunteer Driver for Frontier School Division:

1. I undertake to ensure that the vehicle used to transport students is in a safe operating condition.
2. I agree to operate the automobile referred to herein in a safe manner, to abide by all applicable laws at all times while I am transporting students, to limit the number of passengers to the number of useable seat belts, to require proper use of occupant restraint systems (i.e. seat belts, head restraints, airbags, seat position), and to comply with the directions of teachers or agents of Frontier School Division.
3. I undertake to report to the School Principal all accidents and any suspension of my licence or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e. this school year).
4. I have advised my insurance company that I have applied to serve as a Volunteer Driver and inquired whether a passenger endorsement is necessary.
5. I undertake to maintain, at all times, personal liability and indemnity insurance equal to or greater than the School Board minimal limit noted above.
6. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge.
7. I have filed current Criminal Record Check and Child Abuse Registry Check forms with the School.

Signature of Driver _____

Signature of Vehicle Owner _____

Parent/Guardian Signature (if Driver is under 18 years of age) _____

FOR OFFICE USE ONLY:

The above-named Volunteer Driver is authorized to assist the School during the current school year. The assistance is appreciated.

Signature of Principal (or Designate) _____ **Date** _____

The personal information contained on this form is collected under the authority of *The Public Schools Act*, *The Education Administration Act*, and *The Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school Principal.

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EDUCATIONAL TRIPS

F.1.K-EX2–List of Forms for Appendix B - Low Risk Educational Trips

F.1.K- EX2 - B1	Planning Guide for Staff
F.1.K- EX2 - B2	Guidelines for Chaperones
F.1.K- EX2 - B3	Low Risk Educational Trip Form
F.1.K- EX2 - B4	Trip Itinerary
F.1.K- EX2 - B5	Off-Site Activity(ies) Consent of Parent/Guardian and Acknowledgement of Risk
F.1.K- EX2 – B6	Off-Site Activity(ies) Consent of Volunteer and Acknowledgement of Risk
F.1.K- EX2 – B7	Volunteer Driver Authorization Application

Adopted September 1, 2009	Revised September 1, 2019	
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Staff must consider the following when planning an educational trip.

Program

- Ensure the trip program is related to the classroom program.
- Outline the purpose and objectives of the trip for use with parents/guardians and approval requirements.
- Provide a brief summary of the educational activities involved in the trip.

People Involved

- Consider and list the number and names of students, staff and other adults.

Dates and Times

- Establish the date and time of the departure and return.
- Establish the location(s) for departure and return.
- Organize a phone chain plan in order to provide notification of delays or changes.

Regular School Program

- Ensure coverage of regular classes and other duties for teacher on the trip.
- Arrange an appropriate program for students not on the trip.
- If students participating in the trip miss regular classes, ensure arrangements are made to cover missed work.

Finances

- All expenses including transportation, accommodation, meals, rentals, admission fees, and miscellaneous should be detailed.
- All sources of revenue, for example, fundraising, student charge, Board support, must be clearly outlined.
- Parents must be advised of all costs.

Safety Procedures

- Check out medical facilities in the area to be visited.
- Know the medical qualifications of staff.
- Inspect First Aid kits. Update if necessary.
- Establish on-site safety procedures.

Safety Procedures (Continued)

- Be aware of health information of all students.
- If outside Manitoba, ensure all participants have appropriate health insurance.
- If special needs students participate, ensure arrangements are made for appropriate assistance.
- Ensure a communication system is in place, such as a minimum daily check-in through cellular phone or radio as appropriate.

Trip Itinerary

- Detail the accommodation arrangements including date, time, location and telephone numbers.
- Outline the arrangement for meals.
- Outline the arrangement for mode of transportation and route.
- Detail special arrangements such as attractions and events.

Student's Personal Needs

- Advise students of appropriate clothing/toiletries.
- Ensure students are aware of passport requirements for international travel.

Consent Forms

- Consent and medical forms must be collected before students depart on the trip.
- If leaving Canada, be certain that a student born overseas has the required forms.
- Volunteer paperwork complete.
- Criminal record check.
- Child abuse registry check.

Prior to Departure

- Leave the final list of participating students, staff and chaperones in the school office.
- Ensure the Trip Supervisor has a master list of all student information.

Adopted September 1, 2009	Revised September 1, 2019	
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Educational trips and excursions, including sports trips are possible only with the assistance of Chaperones.

The assistance of Chaperones allows the School to ensure that a minimum of staff is away from the School at any particular time.

Chaperones are not employees but community members who volunteer their time to team with a teacher/supervisor to ensure that students have a safe and rewarding trip.

Being a Chaperone is demanding.

The Chaperone is an ambassador for the Division and the School, and is on-call at all times.

Frontier School Division acknowledges the very positive and necessary role that Chaperones play.

The following guidelines are intended to clarify the general duties and responsibilities of Chaperones:

- On any educational trip, Chaperones, as well as students and staff, must follow all Division and school policies.
- The Supervisor of the trip is a staff person, generally a teacher. Chaperones are expected to provide assistance by carrying out duties and following directions provided by this Supervisor.
- On any trip, the Supervisor and the Chaperones are on-call at all times, and must be prepared to respond appropriately to any situation that may arise.
- Supervisors and Chaperones shall ensure the safety of students by providing a standard of care consistent with that of a reasonable parent and appropriate to the students' age and nature of the trip.
- Chaperones must provide confirmation of clear Child Abuse and Criminal Record Checks. In some situations, Chaperones will be required to have appropriate training for an activity (example: first aid training for some outdoor wilderness activities).
- Chaperones are expected to supervise students from point of departure (at the school) to point of return (at the school or pre-approved drop-off location).
- Because Chaperones are expected to supervise students on the trip, and to be on-call at all times, no additional children or guests are allowed.

Adopted September 1, 2009	Revised September 1, 2019	
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Low Risk Educational Trip Form

Processes

This form is to be used by Schools when requesting approval for Low Risk Educational Trips.

(Refer to Section 3. B. of the Regulations for definition of Low Risk Educational Trips.)

Approvals

- At least four (4) weeks in advance of the date of the trip, the Teacher-in-Charge must complete this form and submit it to the Principal for approval.
- Upon approval (within three (3) days), the Principal will submit it to the Area Superintendent for final approval. The Principal will also share the trip request, as information, with the School Committee at their next committee meeting.
- Upon final approval (within three (3) days), the Area Superintendent will inform the Principal and submit the form to the Chief Superintendent's office for information for the Frontier School Division Board of Trustees.

Review relevant items in the Divisional Policy Manual regarding transportation for Educational Trips before completion of this form.

Students will be covered by the Division's Student Accident Insurance Program.

Teacher-in-Charge _____ School _____

Phone _____ Fax _____ Email _____

Destination _____

Date _____ Departure Time _____ Return Time _____

Area of Study _____

Purpose of Trip _____

Grade Level _____ # of Students _____ # Male _____ # Female _____

Supervisor(s) Names _____ Title/Position (e.g. Teacher, Ed. Assistant, Counsellor, Parent, Guardian) _____ Male/Female _____

Supervisor/Student Ratio _____ Total Number of Supervisor(s) _____

Name of Service Provider (if applicable) _____

Service Provider Contact (Name/Telephone) _____

Transportation (Check all that apply)

Method

Walking School-owned Bus/Van Public Transport By Service Provider Charter Bus

Other (specify) _____

Driver

Professional Driver Staff Volunteer Driver Other (specify) _____

Costs (Refer to Policy D.1.D Fundraising Projects)

Expenses	Source(s) of Funding and Amounts
Transportation _____	School Budget _____
Lodging _____	Fundraising (specify) _____
Program _____	Fee / Student _____
Meals _____	Other (specify) _____
Other (specify) _____	Other (specify) _____

Estimated total cost per Parent/Student _____

Equal access for all students assured Yes No Special needs addressed Yes No N/A

Contingency Plan for Behaviour / Weather (outline for both): _____

Educational Value

Goals and/or Student Learning Outcomes: _____

Safety Guidelines

I have reviewed and applied all relevant Board policies, Division procedures, and the *YouthSafe Manitoba: Safety First! Guidelines for School Field Trips (2004)*.

Safety Plan

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

Emergency Plan (check all that apply)

First Aid kit(s) carried (stocked and accessible): Yes No

Emergency communications equipment carried and/or accessible:

Telephone Cell Phone Service Provider Responsibility None Other (specify) _____

Name of Primary First Aider _____ Certification Held _____

Describe Communication Plan _____

Checklist (check all that apply and attach to this form)

- Trip Itinerary Form (App. B4)
- Parent/Guardian Consent Form (App. B5)
- Volunteer Consent Form (App. B6)
- Volunteer Driver Authorization Form (App. B7)
- Service Provider Master Agreement or Contract)
- Other (specify) _____

Name of Teacher-in-Charge _____ **Signature** _____ **Date** _____

Contact Name / Phone (on Location) _____

Contact Name / Phone (Home Base) _____

APPROVALS

Principal's Signature _____ Date _____

Area Superintendent Signature _____ Date _____

Trip Request forwarded to the Chief Superintendent department for Board as Information. Date _____

Adopted September 1, 2009	Revised September 1, 2019	
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Low Risk Educational Trip Form

TRIP ITINERARY

Date _____ Day _____ of _____ Objective _____

Location	Grid Reference or key well-known landmarks		Grid (Map) Bearing	Horizontal Distance	Height	
(Place Name, Camp #)	From	To			Gained	Lost
Totals	Grid Reference refers to 6-digit location reference # (easterly, northerly)		Remember declination for field bearing	To nearest 10 TH of km.	Meters/ Feet (specify)	Meters/ Feet (specify)

Start Time	Program Activity	Known Hazards	Safety Procedures For These Hazards
	To nearest quarter-hour	Keywords/ Phrases to cue unique hazards	Key words/phrases to cue unique procedures

Environmental Forecast for the day	(Enter data or note N/A if not applicable)	Alternative Routes/Plans
Temperature (low/high)		
Wind Speed /direction (from)		
Clouds (type / % coverage)		
Precipitation (type/amount)		
Time of dusk		
Water level (low, medium, high)		
Snow conditions (depth of base in cm / depth new in cm / avalanche hazard rating)		

Adopted September 1, 2019

Low Risk Educational Trip Form

OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION

School _____ Student Name _____

Program/Activity _____ Date(s) _____

OR Series of Off-site Activities (Specify Program) _____

Teacher-in-Charge _____

BOARD EXPECTATIONS

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) of the group.
- Equipment used has been inspected and deemed appropriate and safe.

POTENTIAL HAZARDS

Potential known hazards include the following: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation _____ By _____

2. I accept this mode of transportation for this activity: Yes No

OR I will provide my own transportation Yes No

OR I permit my child to use alternate means of transportation. Specify means _____

- 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 due to an unforeseeable event associated with participation.
- My child has been informed to abide by the rules and regulations, including directions and instructions from the School(s), Service Provider(s), Administrator(s), Instructor(s), and Supervisor(s) over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require their exclusion from further participation, or that I be contacted to have them picked up, unless I have specified other transportation arrangements.
- I acknowledge that it is my responsibility to advise the Board of any medical and/or health concerns which may affect my child's participation in the stated program or activity.

8. I consent the Board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

9. Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (name of child) has my permission to participate in the program/activity.

Date _____ Name (print) _____ Signature _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space needed)

Student Name _____ Date of Birth _____ Health Card # _____

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

Reaction 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, chronic conditions, phobias, non/weak swimmer, etc.). Specify the condition(s) and requirements for program modification or specific activities you should not participate in _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such) _____

Other Health/Medical/Dietary concerns _____

EMERGENCY CONTACTS

1. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

2. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

The personal information contained on this form is collected under the authority of *The Public Schools Act, The Education Administration Act, and The Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school Principal.

Adopted September 1, 2009 | Revised September 1, 2019

Low Risk Educational Trip Form

OFF-SITE ACTIVITY(IES) CONSENT OF VOLUNTEER AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION

School _____ Volunteer Name _____

Program/Activity _____ Date(s) _____

OR Series of Off-site Activities (Specify Program) _____

Teacher-in-Charge _____

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 Teacher-in-Charge.
- g. Adhere to the schedule or itinerary.
- h. Dress appropriately for the off-site activity.
- i. Have completed Criminal Record and Child Abuse forms.

POTENTIAL HAZARDS

Potential known hazards include the following: _____

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation _____ By _____

2. I accept this mode of transportation for this activity: Yes No

OR I will provide my own transportation Yes No

OR I consent to the use of my vehicle for the transportation of students for this activity Yes No

If I will be transporting students in my vehicle, I have completed a **Volunteer Driver Authorization Form**
Yes No

3. 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.
4. 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 due to an unforeseeable event associated with my volunteer involvement.
5. I agree to abide by the rules and regulations, including directions and instructions from the School / Service Provider(s), Administrator(s) and Staff while volunteering in the program or activities.

- 6. I acknowledge that it is my responsibility to advise the Board of any medical and/or health concerns which may affect my participation in the stated program or activity.
- 7. I consent the Board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
- 8. I understand, acknowledge, and consent to the above as described herein.

Date _____ **Name** (print) _____ **Signature** _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space needed)

Volunteer Name _____ Date of Birth (optional) _____

Health Card # _____

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

Reaction 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, chronic conditions, phobias, non/weak swimmer, etc.). Specify the condition(s) and requirements for program modification or specific activities you should not participate in _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such) _____

Other Health/Medical/Dietary concerns _____

EMERGENCY CONTACTS

1. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

2. _____ Phone (H) _____ (W) _____ (C) _____
(print name)

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Adopted September 1, 2009	Revised September 1, 2019	
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Low Risk Educational Trip Form

VOLUNTEER DRIVER AUTHORIZATION APPLICATION

School Name _____ School Year _____

Driver's Name _____ Phone Number _____

Driver's Address _____

Driver's Licence # _____ Class _____ Expiry _____

Applications may be approved only when the Driver possesses a valid, appropriate Driver's Licence and is able to respond **NO** to questions concerning convictions and suspensions over the last three (3) years.

Has your Driver's Licence been suspended in the last three (3) years? Yes No

If Yes, date of reinstatement _____

Have you been convicted of an offence under The Highway Traffic Act, The Motor Vehicle Administration Act, or for any motor vehicle-related offense Yes No

INSURANCE RELATED CONSIDERATIONS:

1. The School Board requires that the vehicle owner maintain, at all times, **insurance** in an amount of not less than (e.g. \$1,000,000) in respect of liability or injury or death of any students who are passengers in the vehicle the Volunteer Driver is operating.
2. In the case of an insurance claim (i.e. third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of the School Board.
3. Additional automobile liability insurance protection is provided under the School Board's Comprehensive General Liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. **Damage to any vehicle**, including the owners, **is the responsibility of the Volunteer Driver** and not the School Board.
5. The owner of the vehicle is expected to **inform their Insurance Agent** of the intention to use the vehicle and to act as a Volunteer Driver for School Board activities, and to enquire whether a passenger endorsement is required to do this. As this driving is classified as occasional and volunteer, most insurers do not require that a passenger endorsement be added to the policy or that additional premiums be paid.

Vehicle _____
Make _____ Model _____ Seating Capacity (including Driver) _____

Owner's Name _____ Owner's Address _____

Owner's Phone _____

Insurance on Vehicle (Company and Policy Number) _____

Insurance Agent _____ Liability Limit \$ _____ (or copy of pink slip attached)

COMMITMENTS:

By submitting this application to become a Volunteer Driver for Frontier School Division:

1. I undertake to ensure that the vehicle used to transport students is in a safe operating condition.
2. I agree to operate the automobile referred to herein in a safe manner, to abide by all applicable laws at all times while I am transporting students, to limit the number of passengers to the number of useable seat belts, to require proper use of occupant restraint systems (i.e. seat belts, head restraints, airbags, seat position), and to comply with the directions of teachers or agents of Frontier School Division.
3. I undertake to report to the School Principal all accidents and any suspension of my licence or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e. this school year).
4. I have advised my insurance company that I have applied to serve as a Volunteer Driver and inquired whether a passenger endorsement is necessary.
5. I undertake to maintain, at all times, personal liability and indemnity insurance equal to or greater than the School Board minimal limit noted above.
6. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge.
7. I have filed current Criminal Record Check and Child Abuse Registry Check forms with the School.

Signature of Driver _____

Signature of Vehicle Owner _____

Parent/Guardian Signature (if Driver is under 18 years of age) _____

FOR OFFICE USE ONLY:

The above-named Volunteer Driver is authorized to assist the School during the current school year. The assistance is appreciated.

Signature of Principal (or Designate) _____ **Date** _____

The personal information contained on this form is collected under the authority of *The Public Schools Act*, *The Education Administration Act*, and *The Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school Principal.

Adopted September 1, 2009	Revised September 1, 2019	
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