



Name of School: _____

PRIMARY CONTACT INFORMATION			
TEACHER IN CHARGE:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE LEVEL:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

SUPERVISORS		
NAMES OF SUPERVISORS (Please print; add rows if needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M/F
Teacher in Charge:		
Other Supervisor:		
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 Other (specify): _____	DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (E.g., cost/student, other sources):
		EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No
		SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No
		CONTINGENCY PLAN (E.g., if trip cancelled, if student does not go):

EDUCATIONAL VALUE	
Goals and/or Student Learning Outcomes:	

**DAY TRIP FIELD TRIP PROPOSAL FORM****SAFETY GUIDELINES**

I have reviewed and applied Sunrise procedures and the *Youth Safe Manitoba: Safety First! Guidelines for School Field Trips (2004)*:

☐ Yes ☐ No

SAFETY PLAN

Main activities are:

Safety issues (include what can reasonably be expected in these activities, specific risks):

Plans to address safety concerns:

VOLUNTEER PLAN

Process to identify volunteer candidates:

Volunteer screening processes (Check any and all that apply):

☐ Background Check ☐ Reference Check ☐ Criminal Records Check ☐ Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

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:

EMERGENCY PLAN

First Aid kit(s) carried (stocked and 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): _____

Name of Primary First Aider: _____ Certification Held: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Program/Activity/Trip Plan | <input type="checkbox"/> Volunteer Screening Form |
| <input type="checkbox"/> Parent/Guardian Correspondence | <input type="checkbox"/> Volunteer Driver Authorization Application Form |
| <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form | <input type="checkbox"/> Service Provider Master Agreement and/or Contract |

Other (specify):



IJOA-E1

DAY TRIP FIELD TRIP PROPOSAL FORM

EVALUATION

Criteria for success of field trip:

Process to determine success:

Name of Teacher in Charge (please print):	Date (year/month/day): / /	Signature:
Name of Principal (please print):	Date (year/month/day): / /	Signature:



DAY TRIP FIELD TRIP PROPOSAL FORM

DAY FIELD TRIP CHECKLIST

√ = Met

X = Not Met

? = Need More Information

– = Not Applicable

Met? Criteria

- ☐ The group appears adequately prepared for the trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- ☐ Information given parents/guardians is appropriate for the type/duration of trip
- ☐ Parental/Guardian consents are collected (e.g., consent to attend, consent to secure medical treatment)
- ☐ Relevant student health and medical information is secured from parents
- ☐ Budget and financial arrangements are appropriate
- ☐ Transportation arrangements are acceptable (e.g., type of vehicle and type of driver) and parental/guardian consent is secured
- ☐ Special needs issues are addressed
- ☐ Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas
Recommended ratio: K-8 Students 1:10; Grade 9-12 students 1:15
- ☐ Safety Plan is developed (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
- ☐ Emergency Plan is developed (e.g., training, kits, communications equipment, EMS access, back-up transportation)
- ☐ Contingency plan(s) are developed, if necessary
- ☐ Destination contact and phone number are provided (e.g., outdoor centre, camp, local authorities)
- ☐ There is a list of documents the teacher in charge will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants)
- ☐ Office has received a copy of the finalized trip plan, signed consent forms, passenger manifestos and names of no-shows

Comments:

Name of Teacher in Charge (please print):	Date (year/month/day): / /	Signature
Name of Principal (please print):	Date (year/month/day): / /	Signature
Additional approval (as needed; specify):	Date (year/month/day): / /	Signature

Cross Reference:

Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: IJOA	Guidelines: IJOA-R	Exhibit: IJOA-E2, IJOA-E3, IJOA-E4, IJOA-E5, IJOA-E6, IJOA-E7