

# Coast Mountains Board of Education School District 82

1000 Students and Programs

1215 **Field Trips and Outdoor Education**

Date Revised: June 4/08

Date Adopted: Nov. 1997

Responsibility Centre: Director of Instruction

## **Policy**

The Board recognizes the educational value of curricular and extra-curricular based field trips and outdoor education experiences that are integrated with learning outcomes. Student field trips and outdoor education experiences are encouraged provided they:

- Provide significant educational experiences related to the education program of the school or are necessary to fulfill the obligations of the interscholastic activity program.
- Do not seriously interfere with the education program of students who must remain at school.
- Meet all procedural protocols regarding:
  - Preparation and documentation;
  - Minimizing risk and taking all necessary safety precautions;
  - Providing all relevant information so parents can give informed consent;
  - Receiving appropriate approval from designated authority.

Students participating in field trips and outdoor education experiences will behave in accordance with school rules, the school code of conduct, the district code of conduct, and any special directions required to maintain proper structure and safety pertaining to the activity as determined by the principal, supervising teacher/leader, or accompanying instructor or leader.

## **List of Levelled Activities**

- 1) Level One
  - a. Standard Educational Activities
    - i. Museums
    - ii. Historic sites
    - iii. Musical events
    - iv. Drama events
    - v. Outdoor sites (controlled eg - farms, petting zoos, etc.)
  - b. Standard Recreation Activities
    - i. Swimming Pool
    - ii. Ice Rink (indoor)
    - iii. Curling Rink
    - iv. Bowling
    - v. Fitness activities
  - c. Extra Curricular Activities (BC School Sports)
    - i. Team and individual sports (school sponsored)
- 2) Level Two - Same list as Level One but with an overnight component added.
- 3) Level Three – Moderate Risk
  - a. Includes both day and overnight activities
    - i. Ice Skating – Outdoors
    - ii. Mountain Biking
    - iii. Cross Country Skiing
    - iv. Downhill Skiing – Structure Program
    - v. Canoeing and Kayaking (controlled area – flat water)
    - vi. Swimming (controlled area – lifeguard present)
    - vii. Outdoor Education (Support available via phone and road)
      1. Camping
      2. Hiking
      3. Orienteering
- 4) Level Four – High Risk
  - a. Includes both day and overnight activities
    - i. Wilderness area activities (immediate support not available)
      1. Canoeing excluding moving white water
      2. Kayaking excluding moving white water
      3. Backpacking
      4. Camping
      5. Cross Country Skiing
- 5) Level Five – Out of Proving/Out of Country
  - a. All trips regardless of duration that travel outside of provincial and national jurisdiction.

## Regulations

### I. Field Trips – Level One

**Low Risk** – Local (eg: museums, sporting events, recreation centres, plays, historic sites, etc.)

- 1) These field trips will have the following characteristics:
  - a) Of one day or less in duration;
  - b) Take place within the Northwest Region (Vanderhoof to Prince Rupert);
  - c) Do not include activities with risk such as adventure hiking, snowshoeing, canoeing, kayaking, snowboarding, skiing, rock climbing, mountain biking, road cycling, or residential camping.
- 2) Parents are to be informed in writing of the details, the type of activities and inherent risks of the proposed trip. The teacher is to obtain a signed Field Trip Parent Permission Form for each student involved.
- 3) The teacher/leader shall:
  - a) Submit a Field Trip Application Form to the principal or designate prior to the activity;
  - b) Obtain signed copies of the Consent of Parent/Guardian and Acknowledgement of Risk Form A for each student involved;
  - c) Give consideration to having a male and female supervision along on co-ed field trips. (this could include a parent/adult supervisor);
  - d) Take a copy of the signed Field Trip Parent Consent form for each student on the trip and leave originals in the school office. Provide a manifest of participants for supervisors and drivers and leave a copy in the office. (BCeSIS Field Trip List – contact numbers, care card numbers, etc).
- 4) The principal shall ensure that the above requirements are completed before giving final approval.

### II. Field Trips – Level Two

**Overnight** (eg. sport tournaments/games, music tours, historic sites, Science World, Vancouver Aquarium, Barkerville, etc.)

- 1) These field trips will have the following characteristics:
  - a) May be of more than one day in duration;
  - b) Take place within the province of B.C.;
  - c) Do not involve moderate to high risk activities such as canoeing, kayaking, backcountry skiing, rock climbing, road cycling, camping, and skiing.
- 2) Parents are to be informed in writing of the details, the types of activities and inherent risks of the proposed trip. The teacher is to obtain a signed

Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) for each student involved.

- 3) The teacher/leader shall:
  - a) Submit the Field Trip Application to the principal for preliminary approval;
  - b) Inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be the information and an itinerary as well as the field trip's place in the school curriculum;
  - c) Obtain copies of the Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) form for each student involved;
  - d) Ensure there are both female and male supervisors on all co-ed trips. This could include a parent/adult supervisor. If this is not possible parents must give informed consent for their individual child to participate. The principal must also be informed by the teacher/leader;
  - e) Ensure students are appropriately prepared for specific activities;
  - f) Submit the completed Field Trip application form to the principal at least five days before the activity for final approval;
  - g) Take a copy of the signed Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) for each student on the trip and leave the originals in the school office. A manifest of participants (BCeSIS Field Trip List) must be given to drivers and a copy left in the school office.

### III. Field Trips – Level Three

**Moderate Risk** - *These are trips that extend beyond controlled venues and buildings into outdoor sites.* (eg. Ice skating, mountain biking, cross country skiing – controlled areas, downhill skiing – structured programs, swimming – controlled areas with a lifeguard present, canoeing and kayaking – controlled flat water with a qualified instructor, etc.)

- 1) The field trips will have the following characteristics:
  - a) May be more than one day in duration;
  - b) Take place within the province of BC;
  - c) Require appropriate safety equipment for the activity (helmets, life jackets, protective gear, etc.).
- 2) Parents are to be informed of the proposed trip and the school is to obtain a signed Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) that includes the nature of the activities, risks involved, and the level of supervision to be provided.
- 3) In the case of downhill skiing and snowboarding, as recommended by the Schools Protection Program the following requirements must be met:
  - a) Parents must receive detailed information regarding the destination, itinerary and inherent risks;

- b) A safety session must be held in which skill hill representatives review issues relating to safety, ability levels, equipment, and conduct on the hill;
  - c) A contingency plan must be established for dealing with injured students or inappropriate conduct;
  - d) Trip Requirements:
    - (i) Students should travel, arrive, and leave the mountain as a group;
    - (ii) Safety equipment (helmets, lifejackets, etc) is mandatory for all participants;
    - (iii) Students must remain within appropriate range of a supervisor at all times;
    - (iv) Activity is structured within the parameters of guided instruction or supervision at all times.
- 4) The teacher/leader shall:
- a) Submit the Field Trip Application form to the principal or designate at least five days before the activity;
  - b) Inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be information relative to the accommodation, transportation, level of instruction and supervision, itinerary, and relevance to curriculum;
  - c) Obtain signed copies of the Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) form for each student involved;
  - d) Ensure there are both female and male supervisors on all co-ed trips. This could include a parent/adult supervisor. If this is not possible parents must give informed consent for their individual child to participate. The principal must also be informed by the teacher/leader;
  - e) Ensure students are appropriately prepared for specific activities;
  - f) Take a copy of the signed Field Trip Parent Permission form for each student on the trip and leave the originals in the school office. A manifest of participants (BCeSIS Field Trip List) must be given to drivers and a copy left in the school office.
- 5) The principal shall ensure that the above requirements are completed before giving final approval.

#### **IV. Field Trips - Level Four (High Risk)**

**Outdoor Adventure** (eg. canoeing, kayaking, outdoor adventuring in wilderness areas, cross country skiing in open terrain, etc.)

- 1) These field trips will have the following characteristics:
  - a) May be more than one day in duration;
  - b) Take place within the Province of BC;
  - c) Involve outdoor adventure type activities;

- 2) The teacher/leader shall:
  - a) Submit the Field Trip Application form to the principal or designate at least 45 days before the activity;
  - b) Inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be information relative to the accommodation, transportation, level of instruction and supervision, itinerary, and relevance to curriculum;
  - c) Hold parent information meetings which are required in order to fully inform parents of the hazards, inherent risks, and potential consequences;
  - d) Obtain signed copies of the Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) for each student involved;
  - e) Ensure there are both female and male supervisors on all co-ed trips. This could include a parent/adult supervisor. If this is not possible parents must give informed consent for their individual child to participate. The principal must also be informed by the teacher/leader;
  - f) Ensure students are appropriately prepared for specific activities.
  - g) Ensure that at least one supervisor has a current first aid certificate (emergency first aid or equivalent) More advanced outdoor activities may require advanced first aid training;
  - h) Take a copy of the signed Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) for each student on the trip and leave the originals in the school office. A manifest of participants (BCeSIS Field Trip List) must be given to drivers and a copy left in the school office.
  
- 3) All Level Four field trips must receive preliminary approval by the principal prior to being forwarded to the Superintendent of Schools or designate.
  
- 4) Principals shall send a copy of the completed Field Trip Approval Form, the parent information letter, and a checklist of requirements met to the Superintendent or designate at least 30 days prior to the commencement of the trip.

**V. Field Trips – Level Five  
Out of Province** (including international travel)

The following procedures shall be followed:

- 1) The teacher/leader shall:
  - a) Submit the Field Trip Application to the principal or designate for preliminary approval
    - (i) Within Canada - 90 days
    - (ii) International – 180 days

- b) Inform parents in writing of the specific nature of the activity and its inherent risks. Also included will be information relative to the accommodation, transportation, level of instruction and supervision, itinerary, and relevance to curriculum.
- c) Hold parent information meetings which are required in order to fully inform parents of the hazards, inherent risks, and potential consequences.
- d) Obtain signed copies of the Consent of Parent/Guardian and Acknowledgement of Risk Form B (Higher Care Trip) for each student involved.
- e) Ensure there are both female and male supervisors on all co-ed trips. This could include a parent/adult supervisor. If this is not possible parents must give informed consent for their individual child to participate. The principal must also be informed by the teacher/leader.
- f) Ensure students are appropriately prepared for specific activities.
- g) Ensure that at least one supervisor has a current first aid certificate (emergency first aid or equivalent) More advanced outdoor activities may require advanced first aid training.
- h) Obtain appropriate medical insurance, travel documentation, and specific medical history and medication requirements for each student.
- i) Receive final approval from the principal and have all information (Field Trip Application, Parent information letter, Checklist of requirements) forwarded to the Board for final approval by the following timelines:
  - (i) Within Canada - 60 days
  - (ii) International – 120 days
- j) Receive final approval from the Board of Trustees.

Reference Documents:

- 1. YouthSafe Outdoors**
- 2. District Activity Category Definition List**
- 3. SD 82 (Coast Mountains) Policy Manual**

**Field Trip Application Form  
Level 1 - Low Risk, Local**

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

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

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

<b>EDUCATIONAL VALUE</b> Goals and/or Student Learning Outcomes:
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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 Trip Plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity and/or group:
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**Field Trip Application Form  
Level 1 - Low Risk, Local**

**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** (if relevant)

Process to identify, screen if/as appropriate, and brief re: roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

**EMERGENCY PLAN**

First Aid kit(s) (stocked and carried/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): \_\_\_\_\_

Contacts and numbers, if relevant: \_\_\_\_\_

Name of Primary First Aider, if relevant: \_\_\_\_\_ Certification Held: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Program/Activity/Trip Plan                        | <input type="checkbox"/> Volunteer Driver Authorization Application Form      |
| <input type="checkbox"/> Parent/Guardian Correspondence                    | <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                                  |
| <input type="checkbox"/> Volunteer Screening Form                          |   |

Other (specify):

Completed Off-Site Experience Checklist attached.

**EVALUATION**

Criteria for success of off-site experience:

Process to determine success:

Name of Lead teacher (please print):	Date (year/month/day) / /	Signature
Name of Administrator (please print):	Date (year/month/day) / /	Signature

**Field Trip Application Form - Level 2-5  
(Overnight, Moderate Risk, Outdoor Adventure, Out of Province)**

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

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Lead teacher:		
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:
<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 Other (specify): _____	<b>DRIVER</b> <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student)  Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources) If so accommodated
		EQUAL ACCESS FOR ALL STUDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached
		SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See attached
		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify): _____		CONTINGENCY PLAN:

**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., re: knowledge, skills, attitudes, fitness):  
  
 Follow-up activity(ies) that will occur:

**SAFETY GUIDELINES**  
 I am familiar with relevant board policies, district procedures and the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences (2005)*:  Yes  No

**SAFETY PLAN**  
 Briefly describe (or attach in Detailed Trip Plan) the risk assessment and safety planning process to address 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, behaviour):

**Field Trip Application Form - Level 2-5  
(Overnight, Moderate Risk, Outdoor Adventure, Out of Province)**

**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 (FRS)    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

Name of Lead Teacher (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature
Additional Approval (as needed) (specify name and title):	Date (year/month/day) / /	Signature

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN  
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)**

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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 B (Higher Care Trip)**

Page 1 of 2

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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:

Additional comments/requirements:

**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 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 providers 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 and I will be responsible for any costs associated.
- I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
- 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: \_\_\_\_\_

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN  
AND ACKNOWLEDGEMENT OF RISK FORM B (Higher Care Trip)**

**OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is 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 conditions, 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, 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) \_\_\_\_\_

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

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

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

**ASSESSING TEACHER/LEADER READINESS  
FOR HIGHER CARE ACTIVITIES  
(Levels 3, 4, & 5)**

Name of Teacher/Leader \_\_\_\_\_ School: \_\_\_\_\_  
Proposed Program/Activity \_\_\_\_\_

1. Have you taken any relevant formal training in outdoor education, outdoor pursuits or related disciplines? Include certification courses, academic coursework, non-academic courses, other courses or workshops, but not first aid/CPR. Yes  No

If yes, complete the table below with respect to the most relevant course(s). Write in your responses 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 \_\_\_\_\_ years  
Days of involvement in the activity over the last three years \_\_\_\_\_ days  
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 this 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 school, grade, activity and site/area)?
- \_\_\_\_\_

**ASSESSING TEACHER/LEADER READINESS  
FOR HIGHER CARE ACTIVITIES  
(Levels 3, 4, & 5)**

7. When, if at all, were you last at/on the proposed site/route? Date: \_\_\_\_\_  
Describe nature/level of pre-visit \_\_\_\_\_

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(s)?

\_\_\_\_\_

**General Assessment Based on Responses Above**

Readiness Element	Perceived Contribution to Overall Readiness			
	Low	Mod.	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 Readiness for the Proposed Program/Activity***

(circle one)                      Low                                      Moderate                                      High

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**FIELD TRIP INCIDENT REPORT FORM**

INCIDENT DATA				
	Year	Month	Day	Hour : Minute
Date and approx. time incident occurred	/	/	/	:
Date and approx. time of first response	/	/	/	:
Date and approx. time incident resolved (e.g., injured student treated, lost student found)	/	/	/	:
Location of incident (closest town or geographic landmark):				
Total numbers in the group (including students, teachers and others): _____				
Total number injured, lost, missing or stranded: _____				
Outdoor activity the subjects were involved in (e.g., canoeing):				
Incident environment (please select from list below, at the end of this form):				
Weather conditions at the time (please select from list below):				
Was weather a factor in the response? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of response: Search <input type="checkbox"/> Yes <input type="checkbox"/> No				
Rescue &/or First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No				
Incident description (what happened): _____				
Causes/contributing factors that led to incident: _____				

GROUP/SUBJECT DATA				
Student age range ____ to ____ Gender ____ #M ____ # F				
Subjects Involved in Incident	Subject 1	Subject 2	Subject 3	Subject 4
Age (years)				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Subject Condition (please select from list below)				
Nature of Injury(ies) (please select from list below)				
Body Region(s) Most Affected				

**FIELD TRIP INCIDENT REPORT FORM**

Please use these codes to respond to related questions above:			
Environment	Weather	Subject Condition	Nature of Injuries
01 Urban/suburban land	01 Cold temperature	01 Good condition	01 Fracture/Dislocation
02 Flat land	02 Dry/normal	02 Ill (Sick)	02 Open wound
03 Rugged land	03 Rain/freezing rain	03 Hypothermic	03 Sprain/Strain
04 Mountain	04 Snow	04 Shock	04 Burn
Water	05 Windy	05 Unconscious	05 Abrasion/Scrape
05 River/Lake	98 Other, specify	06 Minor injuries	06 Teeth Broken/Loose
06 Swift water	99 Unknown	07 Major injuries	07 Concussion
07 Flood/control system		08 Deceased	08 Infection
98 Other, specify		98 Other, specify	98 Other, specify
99 Unknown		99 Unknown	99 Unknown

<b>RESPONSE DATA</b>
Did you/your group manage the incident without external assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly describe the search/rescue/first aid process you used:
Which, if any, subjects were transported to medical care? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Which, if any, subjects were transported home? (note 1-4 from previous page) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
If emergency services assistance was sought (e.g., RCMP, police, ambulance, parks staff, search and rescue volunteers, etc.) please specify which types of emergency responders were involved:
Briefly describe the search/rescue/first aid process those responders used:
Were participants involved in an incident debriefing of any sort? If so, briefly describe the process and outcomes of this debriefing.

<b>Record names and contact information of key witnesses:</b>		
Name	Role (e.g., staff, student)	Phone