



EXTENDED (OVERNIGHT) FIELD TRIP PROPOSAL

(Beyond Metro Winnipeg Boundary and within Canada)

This Field Trip Proposal Form is to be used for requesting approval for educational field trips within Canada and beyond the Metro Winnipeg boundary. It should be completed by the teacher in charge, reviewed and approved by the principal and submitted to the appropriate Superintendent for approval. Field trips within Canada must be submitted for approval at least six weeks in advance of the departure date. Please review relevant items in the Policy Manual regarding transportation for field trips before completion of this form.

For field trips outside Metro Winnipeg, students must be covered by either extended health coverage (dental and ambulance transportation) or Student Accident Insurance.

For trips outside Manitoba, students are covered by mandatory MSBA Student Travel Insurance purchased and operated by the school division on a cost recovery basis. The teacher/supervisor shall coordinate the group purchase with the Executive Assistant to the Finance Department at the Board Office. The School and Division do not assume any financial responsibility in the event that students are stranded or delayed due to events and circumstances beyond the control of the school division. The School and Division also do not assume any financial responsibility in the event that a field trip is postponed or cancelled.

- **OUT OF CITY TRIPS - CODE FTRP – NOT TO EXCEED ALLOTTED DAYS**
- **CHANGES TO ANY SUPERINTENDENT APPROVED TRIPS NEED TO BE EMAILED TO THE SIGNING ASSISTANT SUPERINTENDENT**

1. TEACHER-IN-CHARGE: (*complete this form electronically)		SCHOOL NAME:				
DESTINATION:						
<i>**This FORM for beyond Metro Winnipeg Boundary and within Canada</i>						
DATES OF TRIP:		DEPARTURE TIME:		RETURN TIME:		
AREA OF STUDY:		PURPOSE OF TRIP:				
GRADE LEVEL:		# OF STUDENTS:	# OF MALE:		# OF FEMALE:	
2. NAMES OF SUPERVISORS (Please type/print; more than one per row if needed):		Title/Position (i.e. Teacher- T, EA, Parent-P)	School Staff (S) (must be from participating school) Volunteer(V) Other (O)	GENDER: M/F		Subs Required: "X" AM PM (or) Full
Teacher(s)-in-Charge:						
Teacher(s)-in-Charge:						
Other Supervisor(s):						
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2(A). TOTAL NUMBER OF SUPERVISORS:		**If more space is needed please attach a page				
NAME OF SERVICE PROVIDER (SP) (If applicable):		SP CONTACT PERSON:			SP PHONE:	

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, FIPPA and PHIA, and will be used and disclosed for the purpose of participating on school trips. If you have any questions about the collection of this information contact the Access and Privacy Officer, SJASD, 2574 Portage Avenue, Wpg, MB R3J 0H8, (204) 888-7951.



11 (A) SAFETY PLAN: 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:

11 (B) THERMAL STRESS

- i. I have read and understand the *Safework Guideline for Thermal Stress*
- ii. How will Thermal Stress be addressed with staff and students?

12. VOLUNTEER PLAN

Process to identify volunteer candidates:

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

- Criminal Records Check Child Abuse Registry Check Special Qualifications:

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

13. 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:

14. EVALUATION

Criteria for success of field trip:

Process to determine success:

15. 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 Satellite Service Provider Responsibility None Other (specify):

Name of Primary First Aider: _____ Certification Held: _____

Name of Primary CPR Attendant: _____ Certification Held: _____

Describe Communication Plan: _____



16. CHECKLIST (check all that apply):

<input type="checkbox"/> Detailed Trip Planner Form (E-8)	<input type="checkbox"/> Volunteer Consent Form (E-7)
<input type="checkbox"/> Parent/Guardian Correspondence	<input type="checkbox"/> Volunteer Driver Authorization Form (E-6)
<input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form (E-1)	<input type="checkbox"/> Field Trip Emergency Medical Information Form (E-13)
<input type="checkbox"/> Service Provider Master Agreement and/or Contract Sweatlodge Parent Permission Form (IJOAB-E)	<input type="checkbox"/> Student Travel Insurance

Other (specify): _____

17. Contact Name and Phone - On Location:		Contact Name and Phone - Home Base:	
Name of Teacher-in-Charge (please type/print):		Date (year/month/day)	Signature
Name of Principal (please type/print):		Date (year/month/day)	Signature
Principal's Recommendation:			
For Superintendent's Department Use Only			
<input type="checkbox"/> Denied Due To: _____		Date _____	
<input type="checkbox"/> Approved, In Principle, Pending: _____		Date _____	
<input type="checkbox"/> Final Approval Granted		Date _____	
_____ Signature of Superintendent			