



11. SAFETY GUIDELINES

I have reviewed and applied relevant board policies, division/district procedures and Manitoba Physical Activity Safety in Schools (MPASS):
Yes No

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):

- Detailed Trip Planner Form (E-8)
- Parent/Guardian Correspondence
- Parental Consent and Acknowledgement of Risk Form (E-3)
- Service Provider Master Agreement and/or Contract
- Volunteer Consent Form (E-7)
- Sweatlodge Parent Permission Form (IJOAB-E)
- Driver Authorization Form for Volunteer or Staff (E-6)
- Field Trip Emergency Medical Information Form
- (E-13) Out-of-Country Field Trip Procedures
- Checklist (E-15) Border Crossing Letter (E-14)
- Student Travel Insurance

Other (specify):

17. Contact Name and Phone - On Location:	Contact Name and Phone - Home Base:
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Name of Teacher-in-Charge (please type/print):	Date (year/month/day)	Signature
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Name of Principal (please type/print):	Date (year/month/day)	Signature
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Principal's Recommendation:

For Superintendent/CEO's Department Use Only

Denied Due To: _____ Date _____

Approved, In Principle, Pending: _____ Date _____

Final Approval Granted _____ Date _____

Signature of Superintendent /CEO