



DETAILED TRIP PLANNER FORM

Complete if program/activity involves an overnight or longer outing AND/OR other higher care activities. Submit the completed form to the Principal for approval. Take a copy of these forms on the trip and leave one with your school contact.

NAME OF TRIP OR DESTINATION: _____

DATE(S): _____

Table with 5 columns: KEY CONTACT NAMES, PHONE NUMBERS (WORK / HOME / CELL), and Substitute Required (AM, PM, Full). Rows include Teacher-in-charge, Principal, Assistant Principal, and multiple Other Supervisor entries.

ASSISTANTS / VOLUNTEERS section. Includes a header for COMPETENCIES and a table with columns for NAME and COMPETENCIES.

Other staff & volunteers briefed re: logistics, roles/responsibilities/duties, expectations, safety plan & emergency plan:
[] Yes [] No Beyond general group supervision, note specific roles/responsibilities/duties of each person below.

Table with 2 columns: SUPERVISOR'S NAME and ROLES/RESPONSIBILITIES/DUTIES.

Table with 2 columns: NO-SHOWS AT DEPARTURE and FOLLOW-UP ON THESE STUDENTS BY SCHOOL.

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any question clarified: [] Yes [] No
Comments:

Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: [] Yes [] No
Comments:



Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: Yes No
All trip supervisors aware of location of forms and copies left with school contact: Yes No

TRANSPORTATION

Appropriate mode of transportation and driver(s) available for group: Yes No

Parent/guardian approval of mode of transportation sought: Yes No

Driver(s) briefed re: route and safety expectations (see Safety First!): Yes No

EQUIPMENT / SUPPLIES (attach gear list and complete the following)

Group Equipment Checked Yes No Deficiencies Addressed Yes No

Student Clothing/Equipment Checked Yes No Deficiencies Addressed Yes No

First Aid/Repair & Survival Kits Check Yes No Deficiencies Addressed Yes No

ACCOMMODATIONS ARRANGEMENTS (e.g., hotel/motel, hostel)

Table with 4 columns: DATE OF ARRIVAL, LOCATION (city, town), NAME OF ACCOMMODATION, PHONE NUMBER

BUDGET

Table with 2 columns: EXPENSES, SOURCE(S) OF FUNDING and AMOUNTS. Rows include Transportation, Food / Meals, Accommodations, Service Providers, Fees / Licenses, and Other (Specify).

WEATHER FORECAST (Recognizing that local patterns can be different and longer term forecasts are less reliable)

Table with 5 columns: DAY 1, DAY 2, DAY 3, DAY 4. Rows include Low / High Temp., Wind Speed / Direction, and Precipitation Type / Amount.

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):

WINTER ROAD CONDITIONS REPORT (from CAA, RCMP or other reliable source):

OTHER LOCAL CONDITIONS REPORT (e.g., from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc., as relevant):

SAFETY PLAN (Some of this may be addressed on the Trip Proposal Form B or Itinerary Card. Use this table if additional space is needed to identify other strategies/techniques to be employed to manage risks). Copy relevant info from the Trip Leadership Resource.



POTENTIAL KNOWN HAZARDS	STRATEGIES TO REDUCE THESE HAZARDS

EMERGENCY PROCEDURES
 Procedure if a participant is ill or has a non-life threatening injury:

EMERGENCY CONTACTS

TYPE OF EMERGENCY SERVICE	AGENCY	PHONE NUMBER
Search and Rescue		
Medical		
Fire		
Police		

NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES (Distinguish appropriately where there are changes at different points along the trip):

OTHER RELEVANT INFORMATION

Principal Signature

Date