

**ONE-DAY FIELD TRIP PROPOSAL WITHIN CANADA**

This form is to be used by schools when requesting approval for educational field trips of one day or less duration beyond the Perimeter and the St. James-Assiniboia School Division boundary with the exception of St. Norbert. It should be completed by the teacher in charge, reviewed and approved by the principal and submitted to the appropriate superintendent for approval at least six weeks in advance of the date of the field trip. 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.

- **IN-CITY FIELD TRIPS - CODE FTIC TRACKING TO BE KEPT AT SCHOOL LEVEL AND 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:							
ITINERARY: (brief descript. here or attach)							
DATE 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 and put more than one per row if needed):				Title/Position (i.e. Teacher, EA, Parent)		School Staff (S) (must be from participating school) Volunteer(V) Other (O)	
Teacher-in-Charge:						GENDER M/F	
Other Supervisor:						Subs Required: AM PM (or) Full	
Other Supervisor:							
Other Supervisor :							
Other Supervisor:							
Other Supervisor:							
Other Supervisor:							
Other Supervisor:							
Other Supervisor:							
2(A). TOTAL NUMBER OF SUPERVISORS:							
NAME OF SERVICE PROVIDER (SP) (If applicable):				SP CONTACT PERSON:		SP PHONE:	
3. TRANSPORTATION (check all that apply)				4. ESTIMATED TOTAL COST OF TRIP PER PARENT/STUDENT:			
METHOD <input type="checkbox"/> Walking <input type="checkbox"/> Division Bus <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus		DRIVER <input type="checkbox"/> Professional driver Volunteer driver(s):** <input type="checkbox"/> Staff** <input type="checkbox"/> Supervisor** and/or <input type="checkbox"/> Student** <input type="checkbox"/> Other** (specify):		Transportation cost per student: School ____ Student ____ Lodging cost per student: School ____ Student ____ Program cost per student: School ____ Student : ____			
Provider				5. EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Rental van <input type="checkbox"/> Private Vehicle (carrying min \$500K liability ins) <input type="checkbox"/> By service provider				SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Other (specify):				ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>			
				6. STUDENT INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No ** MSBA Student Travel Insurance is mandatory if traveling outside of the province and must be purchased. The teacher/supervisor must coordinate the purchase with the Executive Assistant.			
		**NOTE: Volunteer drivers MUST fill out the Driver Authorization IJOA-E-6					



7. CONTINGENCY PLAN for both Behaviour AND Weather:
Behaviour

Weather

8. EDUCATIONAL VALUE - Goals and or Student Learning Outcomes:

9. SAFETY GUIDELINES

I have reviewed and applied relevant board policies, division/district procedures and Manitoba Physical Activity Safety in Schools (MPASS)

Yes No

10 (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:

10 (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?

11. VOLUNTEER PLAN - 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):



12. 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:

13. EVALUATION

Criteria for success of field trip:

Process to determine success:

14. 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: _____

15. 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 Application Form (E-6) |
| <input type="checkbox"/> Parental Consent and Acknowledgement - Risk Form (E-1) | <input type="checkbox"/> Service Provider Master Agreement and/or Contract Field |
| <input type="checkbox"/> Sweatlodge Parent Permission Form (IJOAB-E) | <input type="checkbox"/> Trip Emergency Medical Information Form (E-13) |
| | <input type="checkbox"/> Student Travel Insurance |

Other (specify):

16. 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 regarding this trip:

For Superintendent's Department Use Only

☐ Denied Due To: _____ Date _____

☐ Approved, In Principle, Pending: _____ Date _____

☐ Final Approval Granted _____ Date _____

Signature of Superintendent _____