

**OUT-OF-COUNTRY EXTENDED FIELD TRIP PROPOSAL
(OUTSIDE OF CANADA)**

This Out-of-Country Field Trip Proposal Form is to be used for requesting approval for all educational field trips outside of Canada. It is to be completed by the teacher in charge, reviewed and approved by the principal and submitted to the appropriate Superintendent for approval. Out-of-Country field trips must be submitted for approval at least three months in advance of the departure date for outside Canada and within Continental USA or one year in advance of the departure date for outside of Canada and outside of Continental USA. The teacher-in-charge and the principal will be required to present the out-of-country extended field trip proposal to Senior Administration prior to the Superintendent's recommendation to the Board of Trustees. Please review relevant items in the Policy Manual regarding transportation for field trips before completion of this form.

For trips outside Canada, 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.

Parents and students must be made aware that the Superintendent monitors each out-of-country trip with due diligence and that these trips are subject to cancellation following a negative travel advisory from Foreign Affairs and International Trade or other applicable government agencies or other emergent situations. The St. James-Assiniboia School Division will not incur any reimbursement costs as a result of any cancellation.

This is above and beyond any consultation protocols with the Division tendered tour companies/agencies.

****ALL FIELD TRIP ABSENCES FOR OUT-OF-COUNTRY ARE TO BE CODED FTCC.**

| | | | | | | | |
|--|-----------------------|--|--|------------------------------|---|------------------|--|
| 1. TEACHER-IN-CHARGE: | | SCHOOL: | | | | | |
| PHONE: | | DESTINATION: | | | | | |
| <small>THIS FORM IS FOR OUT OF COUNTRY EXTENDED FIELD TRIP PROPOSAL (OUTSIDE OF CANADA)</small> | | | | | | | |
| 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, EA, Parent) | 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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| Other Supervisor(s): | | | | | | | |
| 2(A). TOTAL NUMBER OF SUPERVISORS: **If more space is needed for supervisors, 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. 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):**

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

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