

**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): _____

| KEY CONTACT NAMES | PHONE NUMBERS (WORK / HOME / CELL) | Substitute Required: | | |
|----------------------|------------------------------------|----------------------|----|------|
| | | AM | PM | Full |
| Teacher-in-charge: | | | | |
| Principal: | | | | |
| Assistant Principal: | | | | |
| Other Supervisor: | | | | |
| Other Supervisor: | | | | |
| Other Supervisor: | | | | |
| Other Supervisor: | | | | |

ASSISTANTS / VOLUNTEERS

Competencies (i.e., what relevant key knowledge, skills, fitness and experience will the assistants/volunteers bring?)

| NAME | 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.

| SUPERVISOR'S NAME | ROLES/RESPONSIBILITIES/DUTIES |
|-------------------|-------------------------------|
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| NO-SHOWS AT DEPARTURE | FOLLOW-UP ON THESE STUDENTS BY SCHOOL |
|-----------------------|---------------------------------------|
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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)

| DATE OF ARRIVAL | LOCATION (city, town) | NAME OF ACCOMMODATION | PHONE NUMBER |
|-----------------|-----------------------|-----------------------|--------------|
| | | | |
| | | | |
| | | | |

BUDGET

| EXPENSES | SOURCE(S) OF FUNDING and AMOUNTS |
|--------------------|----------------------------------|
| Transportation: | School Budget: |
| Food / Meals: | Fundraising (Specify): |
| Accommodations: | Fee / Student: |
| Service Providers: | Other (Specify): |
| Fees / Licenses: | Other (Specify): |
| Other (Specify): | Other (Specify): |

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

| | DAY 1 | DAY 2 | DAY 3 | DAY 4 |
|-----------------------------|-------|-------|-------|-------|
| Low / High Temp. | / | / | / | / |
| Wind Speed / Direction | / | / | / | / |
| 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 |
|-------------------------|------------------------------------|
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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