



Northern Gateway Public Schools

Occasional or Off-Site Activities Approval Form

Key Supervisor: _____ Date: _____

School: _____

SECTION A

Grade(s), Class or Team:				
Title of Activity:		Date(s) of Trip:		
Location of Activity:		Time of Departure:	Time of Return:	
Description of Activity:				
Educational Purpose of Trip:				
Method of Transportation:	School Bus <input type="checkbox"/>	School or Division Van <input type="checkbox"/>	Private Vehicle <input type="checkbox"/>	Walking <input type="checkbox"/>
Other: _____				
Costs to students:				
Transportation: \$ _____ Activity costs: \$ _____ Equipment Rental \$ _____ Other: \$ _____				
Total: \$ _____				
Supervisor/student ratio: _____ : _____		Key Supervisor's Name(s): _____		
		Supervisor Qualifications: _____		
Description of specialized clothing or equipment required:		The Risk Assessment		
Safety Elements/Concerns: _____ _____ _____ _____				
Has the Lead Teacher previewed the proposed site? Yes <input type="checkbox"/> No <input type="checkbox"/>		Activities planned for students unable to participate in the Field Trip: _____		

Safety Assessment/ Risk Review

- Is this activity listed as a “Excluded” or “Considerable Risk” Activity as outlined in Administrative Procedure 260? Yes No N/A
- The activity is suitable to the age, developmental level and physical condition of the participants. Yes No N/A
- Participants have been progressively taught and coached to perform the activity properly and to avoid the dangers inherent in the activity. Yes No N/A
- Day book and lesson plans indicate progressive teaching of skills. Yes No N/A
- The equipment for the activity is adequate and suitably arranged. Yes No N/A
- The activity is adequately supervised for the risk involved. Yes No N/A
- The activity is consistent with the standards in Safety Guidelines for Physical Activity in Alberta Schools, (if applicable) and is in compliance with Northern Gateway Schools policy. Yes No N/A

Approval to Proceed With Planning

Principal approval to proceed: _____ Date: _____

Superintendent approval to proceed: _____ Date: _____

Superintendent Approval: (Only for trips requiring overnight or out of province travel, or special circumstances)

Student Safety and Risk Mitigation Checklist

SECTION B

Upon completion of Section B, please return this form to the Principal along with an attached itinerary.

- Transportation organized and confirmed Yes No N/A
- Driver(s) Name(s):
 - 1. Volunteer Driver(s) Approved, form 418-2 Yes No N/A
 - 2. If Private Vehicles, parental consent form 418-1 Yes No N/A
- Itinerary (Information Package) established and sent home Yes No N/A
- Lodging booked Yes No N/A
- Medical facilities established Yes No N/A
- Emergency numbers secured Yes No N/A
- Costs established and collected Yes No N/A
- Appropriaate insurances in place Yes No N/A
- Equipment list established Yes No N/A
- First aid kit Yes No N/A
- Special provisions made for considerable risk activities
 - 1. Teacher credentialing and/or experience provided as required as per Section 31 Administrative Procedure 260 for outdoor pursuits OR considerable risk activities Yes No N/A
- Field trip participant list created:

	Student list	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	Supervisor list	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
- Telephone number list created Yes No N/A

Note: A negative determination in any section of this planning guide is grounds for cancellation or postponement of the activity.

Principal Acknowledgement

I acknowledge that I have read the above, and through discussion with the Key Supervisor, indicate that, in my opinion, appropriate steps have been taken to ensure the safety of all students involved in this field trip.

Principal's Signature: _____ **Date:** _____



Northern Gateway Public Schools

Parental

INFORMED CONSENT/PERMISSION FORM

For Occasional or Off-Site Activities

Parents, the following grade(s), class, or team is planning a school related field trip. Please read this parental permission form carefully, completing the shaded section, and then sign and return to your child's school.

School:		Grade(s), Class or Team:									
Title of Activity:		Date(s) of Trip:									
Location of Activity:		Time of Departure:		Time of Return:							
Description of Activity:											
Educational Purpose of Trip:											
Method of Transportation: School Bus School or Division Van Private Vehicle Walking Other:											
<table border="0"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Costs to students: Transportation: \$ _____ Activity costs: \$ _____ Equipment Rental \$ _____ Other: \$ _____											
Total: \$ _____											
Supervisor/student ratio: _____ : _____		Key Supervisor Qualifications:									
Description of specialized clothing or equipment required:											
Rules & expectations for student conduct:											
Parents, which of the following best describes your child's ability level in the associated occasional or off-site activity:											
Expert <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> Comments:											
Safety Elements:											
Educational activity programs require attention to safety. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of safety concerns related to the trip noted above.											
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Such concerns result from the nature of the activity and can occur without fault of either the student, or the school board, its' Employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, are accepting the risk that you/your child may be injured.											

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Parental
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 For Occasional or Off-Site

(Please see the attachment for trip itinerary)

OPT OUT

I do not give my child permission to participate in this activity.

ACKNOWLEDGEMENT:

WE HAVE READ PAGE 1, AND BY SIGNING BELOW, ACKNOWLEDGE THAT WE ALLOW OUR CHILD TO PARTICIPATE IN THE ACTIVITIES ASSOCIATED WITH THIS OCCASIONAL OR OFF-SITE ACTIVITY, AND IN DOING SO, RECOGNIZE AND ACCEPT THAT THERE MAY BE ASSOCIATED RISKS INVOLVED.

I give my child, _____, permission to participate in the above-described activity.
(name of student)

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date _____

Parents: Please sign and return this form to your child’s school. Thank you.