

ROLLING RIVER SCHOOL DIVISION POLICY

Educational Field Trips

IICA/P

The Board recognizes the educational value of field trips that provide opportunities for out-of-school learning experiences.

The Board encourages and supports field trips that: are properly planned, provide learning experiences that are an integral part of the instructional program, provide age appropriate activities and constitute a reasonable and effective means of extending school learning and student knowledge and understanding.

Index

Regulation

Date Adopted: October 17, 1994

Date Revised: April 22, 2004

Date Reaffirmed: May 14, 2008

Date Revised: March 23, 2010

Date Revised: June 22, 2011

Date Revised: May 11, 2016

Date Revised: October 30, 2019

ROLLING RIVER SCHOOL DIVISION REGULATION

Educational Field Trips

IICA/R

Definition

Educational Field Trips fall into four basic categories:

1. Regular Curricular - academically cross - disciplined
2. Extra-Curricular - recreational skills
3. Outdoor Education - ecology and environmental awareness
4. Student Exchange

Guidelines

- Overnight (1 night) Not below Grade 5
- Extended Trips (more than 1 night) Not below Grade 7

Approval of Field Trips:

Schools shall submit to the Superintendent, an annual plan for their school field trips by September 30th of each school year.

Annual plans for school field trips will reflect enrichment and enhancement of the school's curriculum.

Field Trips that are organized during the school year and were not part of the annual school trip plan must be approved by the Superintendent's Department.

Planning Guide / Safety Procedure:

1. Rolling River School Division adheres to the guidelines of [Youth Outdoor Manitoba and Safety Guidelines for Physical Activity in Manitoba Schools](#).

For the purposes of planning, there are two types of field trips:

- A) Local, Low Risk Day Trip
- B) Higher Care Outings

2. Schools planning either of these types of field trips are required to complete the planning process using the forms provided in Appendix "A" and "B".

- A) Local, Low Risk Day Trip
 - Teachers are required to submit their completed forms to their administrator at least 2 weeks in advance for approval for Type A) Local, Low Risk Day Trips (See Appendix "A").
 - Principals have the authority to approve Type A) Local, Low Risk Day Trips. Further approval is not required.

ROLLING RIVER SCHOOL DIVISION REGULATION

Educational Field Trips - continued

IICA/R

- B) Higher Care Outings
- Teachers are required to submit their completed forms to their administrator at least 3 months in advance for approval of Type B) Higher Care Outings (See Appendix “B”).
 - Principals must also approve Type B) High Care Outings. Upon approval, the principal will send the Field Trip Proposal Form B to the Superintendent’s Department for final approval.
 - Final itineraries for Type “B” Higher Care Outings, must be submitted to the Superintendent’s Department for final approval at least one month prior to the field trip.
 - Out of Province and Out of Country field trips must be approved by the Board.
3. Adult volunteers may be used to assist with the supervision of field trips. Volunteers must have submitted a clear [Criminal Records](#) and [Vulnerable Persons Sector Check](#) and [Child Abuse Registry Check](#) in order to assist with any field trip. Volunteers shall be under the direction of the supervising teacher(s).
4. Supervision will be in accordance with the recommendations of [YouthSafe Outdoor Manitoba](#). The number of supervisors necessary is determined by the “Supervisor Ratio Calculation Tool” (p. 60 of the “Guidelines for School Trips”) and / or in consultation with the Superintendent’s Department (See Appendix “C”).
5. Overnight and extended field trips including both boys and girls require a minimum of one male and one female chaperone.
6. Aquatic activities require a high number of supervisors and must meet or exceed the recommendations of [YouthSafe Outdoor Manitoba](#) (p. 112). (See Appendix “D”)
7. Students are to be under the supervision of staff and / or chaperones at all times during the event. The responsibility of supervision is not be delegated to anyone not listed on the Field Trip Proposal form.
8. One staff member is to be pre-determined as the supervisor of the group and is to be the one designated to be responsible for communicating with the bus driver and managing problem situations or emergencies should they arise.
9. The teacher/supervisor is to be responsible for taking a class list of students on the trip, complete with relevant medical and emergency information for each student.
10. The use of vehicles other than school buses (e.g. private vehicles & public transportation) must be in accordance with the conditions set out in *Policy EEADA – Transportation and Accommodations – Sports Competitions – Field Trips* and have prior approval from the Superintendent’s Department. All activities that require public or private transportation must be authorized by the principal and superintendent’s department prior to the plans for the activity being finalized.

ROLLING RIVER SCHOOL DIVISION REGULATION

Educational Field Trips - continued

IICA/R

11. All out of province field trips will require students to be covered by travel health Insurance as approved and/or provided by the Manitoba School Insurance Program Broker.
12. Parental approval for Field Trips in writing must be secured for all students.
13. Final itineraries must accompany the bus requisition.

Index Policy

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YOUTHSAFE OUTDOORS**Required Forms****Field Trip Forms: (A) Local, Low Risk Day Trip**

1. Field Trip Check List Form A (pg. 4)
2. Field Trip Proposal Form A (pg. 6/7)
3. Consent of Parent / Guardian & Acknowledgement of Risk (pg. 21)
4. Volunteer Driver Authorization Application** (pg. 28)
5. Passenger Manifesto Form (pg. 30)

** as needed



School Name: _____

- √ = Met
- X = Not Met
- ? = Need More Information
- = Not Applicable

Field Trip Checklist

Met Criteria

- Administrative process respected (e.g., proposal submitted to appropriate administrator in time to be considered)
- Field trip accessibility/eligibility policy addressed (e.g., equal access; voluntary participation, if appropriate; alternative activity for non-participants)
- Educational value of the trip is evident (e.g., goals, student learning outcomes, curricular connections)
- Trip is appropriate for the students (e.g., age/grade, preparation, and follow-up)
- Duration of the trip is appropriate and can be accommodated in the school calendar
- Destination or route adequately assessed (through pre-visit or other data collection) and appears appropriate
- Itinerary and activities are outlined and fit the objectives
- The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- Information to be given parents/guardians is appropriate for the type/duration of trip
- Parent/guardian information meeting date is planned, if holding one is appropriate for the trip (e.g., overnight trip)
- Parental/Guardian consents to be collected (e.g., consent to attend, consent to secure medical treatment)
- Relevant student health and medical information to be secured from parents
- Additional insurance needs addressed, if relevant (e.g., out of province medical, hospital care) (contact MAST)
- Budget and financial arrangements appropriate
- Transportation arrangements acceptable (type of vehicle and type of driver) and parental consent secured
- Special needs issues are addressed
- Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas
- Plan to ensure all participants are clear re: behavioral expectations and consequences
- If overnighing, accommodations arrangements are acceptable, (e.g., hygiene, security)
- Leadership is competent to instruct/lead the particular group in the identified activity(ies) and environment(s)
- Plan in place to brief supervisors re: trip purpose, logistics, roles/ responsibilities, safety plan, emergency plan, etc.
- Safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
- Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, EMS access, back-up transportation)
- Confirmation of the presence of appropriate alternative contingency plan(s) if the trip/part of the trip can't happen
- Destination contact and phone number, e.g., outdoor centre, camp, local authority(ies)
- List of documents teacher will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants).
- Office to receive copy of finalized trip plan, signed consent forms, passenger manifestos, and names of no-shows.
- Is there an appropriate plan in place to evaluate the trip (e.g., criteria for success, process to evaluate)
- Other relevant information unique to the particular trip. Specify: _____

Comments:

Name of Teacher-in-Charge (please print)	Date (year/month/day) / /	Signature
Name of Principal (please print)	Date (year/month/day) / /	Signature
Additional approval (as needed) Specify:	Date (year/month/day) / /	Signature



School: _____

Field Trip Proposal Form A

(Local, Low-risk Daytrip)

TEACHER-IN-CHARGE:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE LEVEL:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add rows if needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M/F
Teacher-in-Charge:		
Other Supervisor:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply)		ESTIMATED COST OF TRIP:
METHOD <input type="checkbox"/> Walking <input type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): _____	DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources) EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTINGENCY PLAN:

EDUCATIONAL VALUE Goals and/or Student Learning Outcomes:

SAFETY GUIDELINES I have reviewed and applied relevant board policies, division/district procedures and the <i>YouthSafe Manitoba: Safety First! Guidelines for School Field Trips (2004)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
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:



School: _____

Field Trip Proposal Form A

(Local, Low-risk Daytrip)

Page 2 of 2

VOLUNTEER PLAN

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

 Background Check
 Reference Check
 Criminal Records Check
 Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

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:

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
 Service Provider Responsibility
 None
 Other (specify): _____

Name of Primary First Aider: _____ Certification Held: _____

ATTACHMENTS CHECKLIST (check all that apply and attach to this form):

 Program/Activity/Trip Plan
 Volunteer Screening Form
 Parent/Guardian Correspondence
 Volunteer Driver Authorization Application Form
 Parental Consent and Acknowledgement of Risk Form
 Service Provider Master Agreement and/or Contract

Other (specify):

EVALUATION

Criteria for success of field trip:

Process to determine success:

Name of Teacher-in-Charge (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature



School: _____

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A**

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.

If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S): _____ OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): _____

PURPOSE OR EDUCATIONAL GOAL(S): _____

ITINERARY/ACTIVITIES: _____

METHOD OF TRANSPORTATION: _____ BY: _____

TEACHER-IN-CHARGE: _____ TOTAL NO. OF SUPERVISORS PLANNED: _____

SUPERVISORY ARRANGEMENTS: _____

COST TO THE STUDENT: _____ WHAT TO BRING: _____

OTHER CONSIDERATIONS: _____

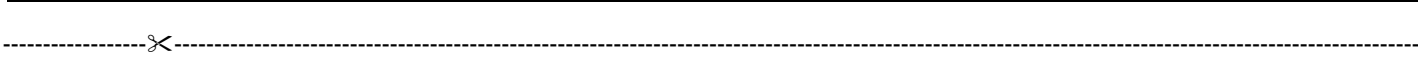
BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:



CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ has my permission to participate in
the (Destination/Program) _____ field trip/activity.

Date: _____ Name (Please print): _____ Signature: _____



School: _____

VOLUNTEER DRIVER AUTHORIZATION APPLICATION

Driver's Name: _____	Phone Number: _____
Address: _____	E-mail: _____

Applications may be approved only when the driver possesses a valid, appropriate driver's license and is able to respond *No* to questions concerning convictions and suspensions over the last three years.

Driver's License Number: _____	Class: _____	Expiry Date: _____
Has your driver's license been suspended in the last three years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide date of reinstatement: _____		
Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please identify the offence(s) here: _____		
Were you found responsible/partially responsible for any motor vehicle accident(s) over the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Insurance Related Considerations:

1. The board requires that the vehicle owner maintain, at all times, valid automobile **Third Party Liability Insurance** as required under Manitoba legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of the school board.
3. Additional automobile liability insurance protection is provided under the school board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. **Damage to any vehicle**, including the owner's, is the responsibility of the volunteer driver and not the school board.

Vehicle: _____ / _____ / _____
Make / Model / License Plate No. / Seating Capacity (Including Driver)
Owner's Name: _____
Owner's Address: _____
Owner's Phone: (H) _____ (W) _____ (C) _____
Insurance On Vehicle - Company: _____ Policy No.: _____

COMMITMENTS

By submitting this application to become a volunteer driver for the school board:

1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
2. I agree
 - a) to operate the automobile referred to herein in a safe manner
 - b) to abide by all applicable laws at all times while I am transporting students
 - c) to limit the number of passengers to the number of useable seat belts
 - d) to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and
 - e) to comply with the directions of teachers or agents of the school board.
3. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force .
4. I undertake to maintain, at all times, appropriate personal liability and indemnity insurance.
5. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

Signature of Driver: _____

Signature of Vehicle Owner: _____

Parent/Guardian (if driver is under 18 years of age): _____

FOR OFFICE USE ONLY

The above-named driver is authorized to assist the school during the current school year. The assistance is appreciated.

Signature of Principal/Designate: _____ Date: _____



School: _____

PASSENGER MANIFESTO FORM

Trip Destination: _____ Date(s) _____

DRIVER/VEHICLE INFORMATION

Driver's Name: _____ Vehicle Make/Model: _____ License Plate #: _____

PASSENGER LIST

1.	25.	49.
2.	26.	50.
3.	27.	51.
4.	28.	52.
5.	29.	53.
6.	30.	54.
7.	31.	55.
8.	32.	56.
9.	33.	57.
10.	34.	58.
11.	35.	59.
12.	36.	60.
13.	37.	61.
14.	38.	62.
15.	39.	63.
16.	40.	64.
17.	41.	65.
18.	42.	66.
19.	43.	67.
20.	44.	68.
21.	45.	69.
22.	46.	70.
23.	47.	71.
24.	48.	72.

YOUTHSAFE OUTDOORS**Required Forms****Field Trip Forms: (B) Higher Care Outings**

1. Field Trip Check List Form B (pg. 4)
2. Field Trip Proposal Form B (pg. 9/10)
3. Detailed Trip Plan Form (pg. 12-14)
4. Itinerary Card ** (pg. 16)
5. Assessing Teacher / Leader Competency** (pg. 18/19)
6. Consent of Parent / Guardian & Acknowledgement of Risk (pg. 23/24)
7. Consent of Volunteer & Acknowledgement of Risk** (pg. 26)
8. Volunteer Driver Authorization Application** (pg. 28)
9. Passenger Manifesto Form (pg. 30)
10. Off-site Incident Report** (pg. 32/33)

** as needed



School Name: _____

√ = Met

X = Not Met

? = Need More Information

- = Not Applicable

Field Trip Checklist

Met Criteria

- Administrative process respected (e.g., proposal submitted to appropriate administrator in time to be considered)
- Field trip accessibility/eligibility policy addressed (e.g., equal access; voluntary participation, if appropriate; alternative activity for non-participants)
- Educational value of the trip is evident (e.g., goals, student learning outcomes, curricular connections)
- Trip is appropriate for the students (e.g., age/grade, preparation, and follow-up)
- Duration of the trip is appropriate and can be accommodated in the school calendar
- Destination or route adequately assessed (through pre-visit or other data collection) and appears appropriate
- Itinerary and activities are outlined and fit the objectives
- The group appears adequately prepared for trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
- Information to be given parents/guardians is appropriate for the type/duration of trip
- Parent/guardian information meeting date is planned, if holding one is appropriate for the trip (e.g., overnight trip)
- Parental/Guardian consents to be collected (e.g., consent to attend, consent to secure medical treatment)
- Relevant student health and medical information to be secured from parents
- Additional insurance needs addressed, if relevant (e.g., out of province medical, hospital care) (contact MAST)
- Budget and financial arrangements appropriate
- Transportation arrangements acceptable (type of vehicle and type of driver) and parental consent secured
- Special needs issues are addressed
- Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas
- Plan to ensure all participants are clear re: behavioral expectations and consequences
- If overnighing, accommodations arrangements are acceptable, (e.g., hygiene, security)
- Leadership is competent to instruct/lead the particular group in the identified activity(ies) and environment(s)
- Plan in place to brief supervisors re: trip purpose, logistics, roles/ responsibilities, safety plan, emergency plan, etc.
- Safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
- Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, EMS access, back-up transportation)
- Confirmation of the presence of appropriate alternative contingency plan(s) if the trip/part of the trip can't happen
- Destination contact and phone number, e.g., outdoor centre, camp, local authority(ies)
- List of documents teacher will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants).
- Office to receive copy of finalized trip plan, signed consent forms, passenger manifestos, and names of no-shows.
- Is there an appropriate plan in place to evaluate the trip (e.g., criteria for success, process to evaluate)
- Other relevant information unique to the particular trip. Specify: _____

Comments:

Name of Teacher-in-Charge (please print)	Date (year/month/day) / /	Signature
Name of Principal (please print)	Date (year/month/day) / /	Signature
Additional approval (as needed) Specify:	Date (year/month/day) / /	Signature



Field Trip Proposal Form B

(Higher Care Outings)

School: _____

Page 1 of 2

TEACHER-IN-CHARGE:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE LEVEL:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S) / Volunteer (V) / Other (O)	GENDER: M/F
Teacher-in-Charge:		
Other Supervisor:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply)		ESTIMATED COST OF TRIP:
METHOD <input type="checkbox"/> Walking <input type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): _____	DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources) EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input type="checkbox"/> Yes <input type="checkbox"/> No SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTINGENCY PLAN:

EDUCATIONAL VALUE Goals and/or Student Learning Outcomes: Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card): Student preparation (e.g., re: knowledge, skills, attitudes, fitness): Follow-up activity(ies) that will occur:

SAFETY GUIDELINES I have reviewed and applied relevant board policies, division/district procedures and the <i>YouthSafe Manitoba: Safety First! Guidelines for School Field Trips (2004)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
SAFETY PLAN Briefly describe (or attach in Detailed Trip Plan) the risk assessment and safety planning process to address key risks related to: Environment (e.g., weather, terrain/site, wildlife): Activity (e.g., transportation, outdoor pursuits/aquatic specific): Group (e.g., clothing, equipment, water, food, behaviour):



School: _____

Field Trip Proposal Form B

(Higher Care Outings)

Page 2 of 2

VOLUNTEER PLAN

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

- Background Check
 Reference Check
 Criminal Records Check
 Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

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:

EMERGENCY PLAN

Contingency kit(s) carried (stocked and accessible) (check all that apply):

- First Aid
 Repair
 Survival

Emergency communications technology carried (check any and all that apply):

- Cell phone
 Satellite Phone
 Radio (VHF, UHF)
 Family Radio Service (FRS)
 None
 Other (specify): _____

Name of Primary First Aider: _____ Certification Held: _____

Name of School Contact Available 24/7: _____ Phones: (H) _____ (W) _____ (S) _____

ATTACHMENTS CHECKLIST (check all that apply and attach to this form):

- | | |
|---|---|
| <input type="checkbox"/> Program/Activity/Trip Plan | <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form |
| <input type="checkbox"/> Itinerary Card | <input type="checkbox"/> Volunteer Consent and Acknowledgement of Risk Form |
| <input type="checkbox"/> Assessing Teacher/Leader Competency Form | <input type="checkbox"/> Volunteer Driver Authorization Form |
| <input type="checkbox"/> Parent/Guardian Correspondence | <input type="checkbox"/> Service Provider Master Agreement and/or Contract |

Other (specify): _____

EVALUATION

Criteria for success of field trip:

Process to determine success:

Name of Teacher-in-Charge (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature
Additional Approval (as needed) (specify):	Date (year/month/day) / /	Signature



School: _____

DETAILED TRIP PLAN FORM

Complete if program/activity involves an overnight or longer outing AND/OR other higher care activities. See the *Forms File* for a modifiable version of this form. Submit the completed form with the Field Trip Proposal Form B and Itinerary Card. 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)
Teacher-in-charge:	/ /
Principal:	/ /
Assistant Principal:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip Supervisor:	/ /
Other Trip 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Beyond general group supervision, note specific roles/responsibilities/duties of each person below:	
SUPERVISOR'S NAME	ROLES/RESPONSIBILITIES/DUTIES

STUDENTS NOT ATTENDING	ALTERNATIVE ARRANGEMENTS/ASSIGNMENTS FOR THESE STUDENTS

NO-SHOWS AT DEPARTURE	FOLLOW-UP ON THESE STUDENTS BY SCHOOL



School: _____

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: <input type="checkbox"/> Yes <input type="checkbox"/> No
All trip supervisors aware of location of forms and copies left with school contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

TRANSPORTATION	
Appropriate mode of transportation and driver(s) available for group:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/guardian approval of mode of transportation sought:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver(s) briefed re: route and safety expectations (see <i>Safety First!</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No

EQUIPMENT / SUPPLIES (attach gear list and complete the following)			
Group Equipment Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies Addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Clothing/Equipment Checked	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies Addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid/Repair & Survival Kits Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Deficiencies Addressed	<input type="checkbox"/> Yes <input type="checkbox"/> 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):



School: _____

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:



School: _____

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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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:



School: _____

ASSESSING TEACHER/LEADER COMPETENCY FOR HIGHER CARE ACTIVITIES

Name of Teacher/Leader _____

Proposed Program/Activity _____

1. Have you taken any relevant formal training in outdoor education, outdoor pursuits or related disciplines. Include certification courses, academic coursework, non-academic courses, other courses or workshops, but not first aid/CPR. Yes No

If yes, complete the table below with respect to the most relevant course(s). Write in your responses to the first five rows, and place checkmarks for Yes responses over the remaining items per course. Be prepared to share examples for these items.

Course Particulars	Course 1	Course 2	Course 3
Name of course and level, if appropriate			
Institution/organization offering the course			
Year the course was taken (approximate)			
If led to certification, is the ticket current now?			
Approximate course hours (face-to-face)			
Were your technical skills developed?			
Were your instruction skills developed?			
Were your trip leadership skills developed?			
Did you learn relevant safety procedures?			
Did you learn relevant emergency procedures?			
Did you instruct/lead peers over the course?			
Did you instruct/lead children over the course?			

2. What, if any, first aid certification do you hold? _____
Is this certification considered current by the certifying body? Yes No
3. What, if any, CPR certification do you hold? _____
Is this certification considered current by the certifying body? Yes No
4. Do you have relevant personal recreational and/or sport experience in the activity? Yes No
If yes, please answer the following:
Number of years of participation in the activity _____ years.
Days of involvement in the activity over the last three years _____ days.
Involvement as part of an organized group (e.g., club, team) Yes No
Have you had a significant mentor in the activity/environment? Yes No
5. Have you instructed/led this program/activity formally in the past? Yes No
If yes, answer the following, in relation to the proposed program/activity:

Particulars of Instruction/Leadership Experience	Yes	No
Have you taught/led this same program/activity before with similar students?		
Have you taught/led this or other activities in a similar area/site?		
Have you instructed/led students in relevant technical skills?		
Have you instructed/led students in relevant safety procedures?		
Other relevant experience. Specify:		

6. If a new activity for you, have any other schools of which you are aware conducted this activity (note which school, grade, activity and site/area)?

7. When, if at all, were you last at/on the proposed site/route? Date: _____

8. For any gaps in personal or professional relevant training, knowledge, skills, health and fitness, and/or experience, what is your plan for addressing this area(s)?



School: _____

**ASSESSING TEACHER/LEADER COMPETENCY
FOR HIGHER CARE ACTIVITIES**

General Assessment Based on Responses Above

Competency Element	Perceived Contribution to Overall Competency			
	Low	Mod.	High	Comments
Formal Training / Courses				
First Aid / CPR Certification				
Recreational / Sport Experience				
Instruction / Leadership Experience				
Familiarity With Site / Area / Route				
Interpersonal "Soft" Skills				
Addressing of Gaps				

Overall Competency for the Proposed Program/Activity

(circle one) Low Moderate High

Comments (e.g., general, requirements for program modification and/or resourcing):



School: _____

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)**

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.

If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATIONDESTINATION/ACTIVITY: _____ DATE(S): _____ OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): _____

PURPOSE OR EDUCATIONAL GOAL(S): _____

ITINERARY/ACTIVITIES: _____

METHOD OF TRANSPORTATION: _____ BY: _____

TEACHER-IN-CHARGE: _____ TOTAL NO. OF SUPERVISORS PLANNED: _____

SUPERVISORY ARRANGEMENTS: _____

COST TO THE STUDENT: _____ WHAT TO BRING: _____

OTHER CONSIDERATIONS: _____

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ has my permission to participate in
the (Destination/Program) _____ field trip/activity.

Date: _____ Name (Please print): _____ Signature: _____



School: _____

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)**

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:
1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____



School: _____

OFF-SITE ACTIVITY(IES) CONSENT OF VOLUNTEER AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)

Volunteer Name: _____ Phone Number: _____ E-mail: _____
Program/Activity: _____ Date (s): _____ OR
Series Of Off-Site Activities (Specify Program): _____
Teacher-In -Charge: _____ Phone: _____ E-mail: _____

BOARD EXPECTATIONS FOR VOLUNTEERS

Volunteers are an important part of the leadership team for an off-site activity and are expected to:
a) Review and comply with relevant board policy. e) Support and follow the school code of conduct.
b) Have qualifications appropriate for the off-site activity. f) Report any inappropriate conduct to the teacher-in-charge.
c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure. g) Adhere to the schedule or itinerary.
d) Exhibit positive behaviour and be an acceptable role model h) Dress appropriately for the off-site activity.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: _____ By: _____
2. I accept this mode of transportation for this activity: Yes No OR
I will provide my own transportation: Yes No OR
I consent to the use of my vehicle for the transportation of students for this activity: Yes No
If I will be transporting students in my vehicle, I have completed a Volunteer Driver Authorization Application form: Yes No
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteer involvement.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
8. I consent that the board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
9. I understand, acknowledge and consent to the above as described herein.
Date: _____ Name (Please print): _____ Signature: _____

FIELD TRIP/ACTIVITY EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Volunteer Name: _____ Birth Date (optional): _____
Manitoba Health Registration No. (6-digit) _____ Manitoba PHIN (9-digit): _____
Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify): _____
Reaction to above _____ Carries Epi pen? Yes No Carries Ana Kit? Yes No
Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias) _____
Specify the condition(s) and requirements for program modification or specific activities you should not do:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:
1) _____ Phone: (H) _____ (W) _____ (C) _____
2) _____ Phone: (H) _____ (W) _____ (C) _____



School: _____

VOLUNTEER DRIVER AUTHORIZATION APPLICATION

Driver's Name: _____	Phone Number: _____
Address: _____	E-mail: _____

Applications may be approved only when the driver possesses a valid, appropriate driver's license and is able to respond *No* to questions concerning convictions and suspensions over the last three years.

Driver's License Number: _____	Class: _____	Expiry Date: _____
Has your driver's license been suspended in the last three years?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide date of reinstatement: _____		
Have you been convicted of an offence under the Highway Traffic Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please identify the offence(s) here: _____		
Were you found responsible/partly responsible for any motor vehicle accident(s) over the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Insurance Related Considerations:

1. The board requires that the vehicle owner maintain, at all times, valid automobile **Third Party Liability Insurance** as required under Manitoba legislation in respect of liability for injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of the school board.
3. Additional automobile liability insurance protection is provided under the school board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. **Damage to any vehicle**, including the owner's, is the responsibility of the volunteer driver and not the school board.

Vehicle: _____ / _____ / _____
Make / Model / License Plate No. / Seating Capacity (Including Driver)
Owner's Name: _____
Owner's Address: _____
Owner's Phone: (H) _____ (W) _____ (C) _____
Insurance On Vehicle - Company: _____ Policy No.: _____

COMMITMENTS

By submitting this application to become a volunteer driver for the school board:

1. I undertake to ensure that the vehicle used to transport students is in safe operating condition.
2. I agree
 - a) to operate the automobile referred to herein in a safe manner
 - b) to abide by all applicable laws at all times while I am transporting students
 - c) to limit the number of passengers to the number of useable seat belts
 - d) to require proper use of occupant restraint systems (i.e., seatbelts, head restraints, airbags, seat position), and
 - e) to comply with the directions of teachers or agents of the school board.
3. I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force .
4. I undertake to maintain, at all times, appropriate personal liability and indemnity insurance.
5. I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

Signature of Driver: _____

Signature of Vehicle Owner: _____

Parent/Guardian (if driver is under 18 years of age): _____

FOR OFFICE USE ONLY

The above-named driver is authorized to assist the school during the current school year. The assistance is appreciated.

Signature of Principal/Designate: _____ Date: _____



School: _____

PASSENGER MANIFESTO FORM

Trip Destination: _____ Date(s) _____

DRIVER/VEHICLE INFORMATION

Driver's Name: _____ Vehicle Make/Model: _____ License Plate #: _____

PASSENGER LIST

1.	25.	49.
2.	26.	50.
3.	27.	51.
4.	28.	52.
5.	29.	53.
6.	30.	54.
7.	31.	55.
8.	32.	56.
9.	33.	57.
10.	34.	58.
11.	35.	59.
12.	36.	60.
13.	37.	61.
14.	38.	62.
15.	39.	63.
16.	40.	64.
17.	41.	65.
18.	42.	66.
19.	43.	67.
20.	44.	68.
21.	45.	69.
22.	46.	70.
23.	47.	71.
24.	48.	72.



OFF-SITE INCIDENT REPORT FORM

School: _____

INCIDENT DATA				
	Year	Month	Day	Hour : Minute
Date and approx. time incident occurred	/	/	/	:
Date and approx. time of first response	/	/	/	:
Date and approx. time incident resolved (e.g., injured student treated, lost student found)	/	/	/	:
Location of incident (closest town or geographic landmark):				
Total numbers in the group (including students, teachers and others): _____				
Total number injured, lost, missing or stranded: _____				
Outdoor activity the subjects were involved in (e.g., canoeing):				
Incident environment (please select from list below, at the end of this form):				
Weather conditions at the time (please select from list below):				
Was weather a factor in the response? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of response: Search <input type="checkbox"/> Yes <input type="checkbox"/> No				
Rescue &/or First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No				
Incident description (what happened): _____				
Causes/contributing factors that led to incident: _____				

GROUP/SUBJECT DATA				
Student age range ____ to ____ Gender ____ #M ____ # F				
Subjects Involved in Incident	Subject 1	Subject 2	Subject 3	Subject 4
Age (years)				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Subject Condition (please select from list below)				
Nature of Injury(ies) (please select from list below)				
Body Region(s) Most Affected				



School: _____

OFF-SITE INCIDENT REPORT FORM

RESPONSE CODES			
Please use these codes to respond to related questions above:			
Environment	Weather	Subject Condition	Nature of Injuries
01 Urban/suburban land	01 Cold temperature	01 Good condition	01 Fracture/Dislocation
02 Flat land	02 Dry/normal	02 Ill (Sick)	02 Open wound
03 Rugged land	03 Rain/freezing rain	03 Hypothermic	03 Sprain/Strain
04 Mountain	04 Snow	04 Shock	04 Burn
Water	05 Windy	05 Unconscious	05 Abrasion/Scrape
05 River/Lake	98 Other, specify	06 Minor injuries	06 Teeth Broken/Loose
06 Swift water	99 Unknown	07 Major injuries	07 Concussion
07 Flood/control system		08 Deceased	08 Infection
98 Other, specify		98 Other, specify	98 Other, specify
99 Unknown		99 Unknown	99 Unknown

RESPONSE DATA
Did you/your group manage the incident without external assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe the search/rescue/first aid process you used:
Which, if any, subjects were transported to medical care? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Which, if any, subjects were transported home? (note 1-4 from previous page) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
If emergency services assistance was sought (e.g., RCMP, police, ambulance, parks staff, search and rescue volunteers, etc.) please specify which types of emergency responders were involved:
Briefly describe the search/rescue/first aid process those responders used:
Were participants involved in an incident debriefing of any sort? If so, briefly describe the process and outcomes of this debriefing.

Record names and contact information of key witnesses:		
Name	Role (e.g., staff, student)	Phone



Supervision Ratio Calculation Tool

	Factors to Assess	Low Risk	0 points	Moderate Risk	1 point	Higher Risk	2 points	Comments
Main- date	Educational value of the activity	High value		Some value		Limited value		
	Support of activity by parents/guardians	High support		Moderate support		Low support		
Leadership Factors	Teacher/leader (T/L) relevant knowledge	Very knowledgeable		Adequate knowledge		Limited knowledge		
	T/L relevant health and fitness	Very healthy/fit		Adequate health/fitness		Lim'd health/fitness		
	T/L relevant specific skills	Very skilled		Adequate skills		Limited skills		
	T/L relevant experience	>20 days/last 3 yrs.		5-19 days in last 3 yrs.		<5 days/last 3 yrs.		
	Capability of assistant leaders/chaperones	Very capable		Adequate capability		Limited capability		
Student Factors	Student age/grade	Senior Years		Middle Years		Early Years		
	Student relevant knowledge	Very knowledgeable		Adequate knowledge		Limited knowledge		
	Student relevant health and fitness	Very healthy/fit		Adequate health/fitness		Lim'd health/fitness		
	Student relevant specific skill	Very skilled		Adequate skills		Limited skills		
	Student relevant experience	>20 days/last 3 yrs.		5-19 days in last 3 yrs.		<5 days/last 3 yrs.		
	Student clothing / footwear adequacy	Good quantity/quality		Adequate quantity/quality		Lim'd quant./qual.		
	Student behavioral propensities	Mature		Adequate maturity		Immature		
Trip / Activity Specific Factors	Presence of special needs students	None		1 special needs student		More than 1		
	Group equipment adequacy	Good quant./qual.		Adequate equipment		Limited quant./qual.		
	Emergency / first aid capacity (kit & skill)	Good quant./qual.		Adequate quant./qual.		Lim'd quant./qual.		
	Nature of the activity(ies)	Low inherent risk		Some inherent risk		Signif't inherent risk		
	Nature of the environment	Low inherent risk		Some inherent risk		Signif't inherent risk		
	Familiarity with site/area & similar areas	Very familiar		Some familiarity		Low familiarity		
	Duration of the outing	Day trip		Overnight		>2 days and 2 nights		
	Season (assuming Manitoba)	Sept.-Oct./May-June		Nov., Mar.-April		Dec.-Feb.		
	Anticipated weather	Mild/seasonal		Some concern		Cold/wet/stormy		
	External Communications Capacity	Immediate/reliable		Some concern(s)		Poor or unreliable		
Time/distance from EMS arrival	<30 mins.		30 mins. – 2 hrs.		>2 hours			
Subtotal								
						Moderate + High		
						Overall Risk Rating		

Assuming there are no more than three higher risk factors and none of the higher risk factors are extreme (e.g., severe weather, several immature and/or aggressive students), the table below can be used as a general guideline to help determine leader to student ratios. See notes following for qualifications.	Total Points	Overall Trip Risk Rating	Suggested Minimum Ratio*
	< 10	Low	1:20
	11-20	Moderate	1:15
	21-30	Higher	1:10 for Grade 4-12, excessive risk for K-3
	>30	Excessive for a school outing	Reduce risk factors or cancel

Note: This is a tool, not a precision measurement device. Use judgement and adapt as appropriate to the context at hand.



Supervision

Supervision Requirements for School Aquatic Outings					
Teacher	One for each typical large class (approximately 25-30 students)				
Life Saver(s) OR Lifeguard(s)	At least one certified Life Saver (e.g. Bronze Cross and CPR minimum for each class (approximately 25-30)				
	At least one certified Lifeguard (National Lifeguard Service – NLS) minimum per two classes (approximately 50 students)				
Plus Additional Instructors &/or Adult Supervisors	Grade	K-1	2 to 4	5 – 8	9 - 12
	Instructor/Supervisor to Student Ratio	1:4	1:7	1:10	1:15