A picture containing lamp, drawing

Description automatically generated

  Form 260-01

**CURRICULAR AND EXTRA-CURRICULAR TRIPS**

**2 - 4 Days in duration**

Use this form for all in-district or in-province field trips of **two to four calendar days in duration**. Submit it to your Assistant Superintendent **ten days before the event**. Attach a copy of contracts entered into for transportation, facilities, etc., and other pertinent information, such as itinerary, letters to parents etc. Standard field trips organized as part of the regular school program, occurring on one calendar day and presenting the usual or lower risk to students, require only the approval of the principal.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School: | |  | | | | | | | | | | | | Sponsor Teacher: | | | | |  | | | | | |
| Description of Activity: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Location: | | |  | | | | | | | | | | | | | | | | | | | | | |
| Date: |  | | | | | | | | | | | | | | | To: |  | | | | | | | |
| Age of Students: | | | | |  | | | | | | | | | Number of Students: | | | | | | |  | | | |
| Method of Transportation: | | | | | | | |  | | | | Type of Sleeping Accommodation: | | | | | | | | | | |  | |
| Total Number of Supervisors: | | | | | | | | |  | Parents | | |  | | | Teachers | |  | | | | Other Volunteers | |  |
| Total Budget: | | | |  | | | | | | | | | Cost to Each Student: | | | | | | |  | | | | |
| Supervision Details: | | | | | |  | | | | | | | | | | | | | | | | | | |
| First Aid (Specify how first aid services will be access if required.) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | |  | | | | | | | | | |
| Date | | | | | | | | | | |  | | | | Teacher Signature | | | | | | | | | |

For Principals,

Your signature on this form confirms that you have assessed risks to students associated with this activity, have reviewed safety precautions with the teacher and will receive written permission from parents for their children to participate.

|  |  |
| --- | --- |
| Itinerary for trip | Sport injury insurance forms, if required |
| Letter(s) for parents | First aid plan |
| Hardship clause | Emergency & communication plan in place |
| Medical forms for each student | List of students & parent contact no# left at school |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Principal’s Signature |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved | Not Approved |  |  |  |
|  |  | Date |  | Assistant Superintendent’s Signature |