



Cowichan Valley School District

### CURRICULAR AND EXTRA-CURRICULAR FIELD TRIPS Out of Province / Out of Country

Use this form for all out-of-province, out-of-country field trips. Submit it to your Assistant Superintendent for preliminary approval. Final proposals for approval shall be received by the Assistant Superintendent **sixty (60) days (within North American) or ninety (90) days (outside North America) prior to departure** for trips with attached detailed itinerary, waivers, consents and budget etc.

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: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Supervision Details: \_\_\_\_\_

**First Aid** (Specify how first aid services will be accessed 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Itinerary for trip                                   | <input type="checkbox"/> Sport injury insurance forms, if required             |
| <input type="checkbox"/> Letter(s) for parents                                | <input type="checkbox"/> First aid plan  |
| <input type="checkbox"/> Hardship clause                                      | <input type="checkbox"/> Emergency & communication plan in place               |
| <input type="checkbox"/> Medical forms for each student                       | <input type="checkbox"/> List of students and parent contact numbers           |
| <input type="checkbox"/> Required Travel Documentation (Passport, VISA, etc.) | <input type="checkbox"/> Out of Province Parent consent forms for each student |
| <input type="checkbox"/> Full cancellation insurance forms                    |  |

\_\_\_\_\_ Date

\_\_\_\_\_ Principal's Signature

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Pre-approved  Not Pre-approved \_\_\_\_\_

Date

\_\_\_\_\_ Assistant Superintendent's Signature

**FINAL**

Approved  Not Approved \_\_\_\_\_

Date

\_\_\_\_\_ Superintendent or designates' Signature

Please keep a copy for your records and send original for signature(s).