

## HIGH RISK CURRICULAR AND EXTRA-CURRICULAR TRIPS

Use this form for all trips that include High Risk Activities. Submit it to your Assistant Superintendent at least **ten (10) days before the event**. Attach a copy of contracts entered into with companies, facilities, and waivers etc., as well as other pertinent information, such as itinerary, letters to parents 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 levels of first aid available; where this person(s) will be in relation to the students etc.)

\_\_\_\_\_

\_\_\_\_\_ 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.

- Consent and Waiver Form for High Risk Activity
- Itinerary for trip
- Letter(s) for parents
- Hardship clause
- Medical forms for each student

- Sport injury insurance forms, if required
- First aid plan
- Emergency & communication plan in place
- List of students & parent contact no# left at school
- Minimum 1 to 8 student/adult supervision ratio unless otherwise required by company, facility or circumstance

\_\_\_\_\_ Date

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

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- Approved
- Not Approved

\_\_\_\_\_ Date

\_\_\_\_\_ Superintendent or Designates' Signature

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