



Final approval: Extra-curricular or co-curricular trips, field trips and excursions

F 6-03B

Completed by the Lead Teacher. Submitted to the principal.
To be submitted with accompanying documents prior to departure.

1. Event Details		
Event(s) and Destination(s):	Date(s):	
Name of Lead Teacher:	School:	
Extracurricular ___ Group / Team:	Co-curricular ___ Class:	
Number of male students:	Number of female students:	
Names of other Supervisors:	Supervisor to Student Ratio:	
2. Procedures: I can confirm the following: (✓) or N/A		
1. I have prepared participating students with pre-teaching that connects the trip to their learning.		
2. I have booked transportation.		
3. I have collected all necessary volunteer and volunteer driver forms.		
4. I have collected fees from all participants.		
5. I have handed in all cash and checks to the school office.		
6. I have informed all of the participants' parents of trip itinerary AND collected consent forms.		
7. I have established and communicated clear post-event pick-up arrangements with all parents.		
8. I have reviewed and communicated the relevant Health Measures to all participants and participating students' parents.		
3. Risk review: I can confirm the following: (✓) or N/A		
9. The activity is consistent with the standards in <u>Safety Guidelines for Physical Activity in Alberta Schools</u> and is in compliance with Pembina Hills policy.		
10. The activity is suitable to the age, developmental level and physical condition of the participants.		
11. Participants have been progressively taught and coached to perform activity properly and to avoid the dangers inherent in the activity.		
12. The equipment for the activity is adequate and suitably arranged.		
13. The activity will be adequately supervised for the inherent risk involved.		
14. Special provisions made for high-risk activities: Teacher (or instructor on site) credentialing and/or experience provided as required per 1.4.3.1 of AP 60-03 for high risk activities.		
15. We have a first aid kit:		
16. The name of the supervisor with First Aid training is:		

17. The medical facility nearest our destination is:

4. Transportation Details (if applicable)

Name(s) of Volunteer Driver(s):

Other transportation details (if not included above):

5. Expenses

Total cost of trip: \$	Fundraised: \$	School funds: \$	Cost to student:\$
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Other information related to expenses:

6. Attachments

(✓) or N/A

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| 1. Completed Form 6-03-A Approval in Principle: Extra-Curricular or Co-Curricular Trip. | | |
| 2. Completed Form 6-03-C Informed consent/permission for Extra-Curricular or Co-Curricular Trips, Field Trips and Excursions (Submit copies of all collected forms for record retention). | | |
| 3. Completed Form 4-60 Volunteer Registration (for each volunteer). | | |
| 4. Completed Form 4-61 Volunteer Driver(s) (for each volunteer driver). | | |
| 5. Complete list of participants (Including name, students' cell phone numbers (if available), parent contact information, identification of specific medical conditions, allergies or special considerations).
a. If any participant is known to have severe allergic reactions, or has specialized medical conditions, attach a plan outlining additional precautions, created in consultation with the parent. | | |
| 6. Names, addresses and contact numbers for each accommodation, listed by date. | | |
| 7. Final and complete itinerary. | | |
| 8. Description of relevant Health Measures and steps taken to prepare students and participants for compliance. | | |

7. Declarations and Signatures

Lead Teacher: I have reviewed AP 60-03 and understand my responsibilities as a lead teacher for this field trip or excursion. I confirm the information in this form to be true.

Principal: I have reviewed the submitted documents for this field trip or excursion and am confident that the Lead Teacher's plans comply with School and Division Procedures.

Signature:

Signature:

Date:

Date: