

Completed by the Lead Teacher. Submitted to the Superintendent (or designate).  
To be submitted with accompanying documents 4 weeks 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:	
	(✓)
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 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 met with volunteers and chaperones and explained their duties in full.	
7. I have held meetings to inform all of the participants' parents of trip itinerary, expectations for students, contact information while on the trip, and communicated post-event pick-up arrangements.	
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:	
	(✓)
9. The activity is consistent with the standards in <b><u>Safety Guidelines for Physical Activity in Alberta Schools</u></b> and is in compliance with PHSD 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

Name(s) of Volunteer Driver(s):

Flight details  
Airline : Flight #

Departing flight (and connections):

Returning flight (and connections):

Other transportation details (if not included above):

#### 5. Expenses

Total cost of trip: \$

Fundraised: \$

School funds: \$

Cost to student:\$

Other information related to expenses

Did you use a tour company from the prequalified list of vendors?

Yes \_\_\_ Which one?

No\_\_\_ List a minimum of three companies from which you obtained quotes and explain your rationale for your final selection.

#### 6. Attachments

(✓)

1. Completed Form 6-3-D Approval in Principle: National Tours
2. Completed Form 6-3-H Informed consent/permission for National and International Tours (Submit copies of all 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 (Incl: 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. Duties of Chaperones
7. Parent meeting(s) registration sheet(s)
8. Names, addresses and contact numbers for each accommodation, listed by date
9. Final and complete itinerary
10. 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 national tour. I confirm the information in this form to be true.

**Superintendent or Designate:** I have reviewed the submitted documents for this national tour and am confident that the Lead Teacher's plans comply with School and Division Procedures.

Signature:

Signature:

Date:

Date: