

**SCHOOL DAY TRIPS  
(Excluding High Risk Activities)**

**School-Based Administration Approval Required**

A. INFORMATION	
Name of Teacher:	School:
Type of Activity:	
Grade Level:	Number of Students:
Destination:	Trip Date:
Depart Time:	Return Time:
Transportation: <input type="checkbox"/> Travel by Bus (PSSD No. 210)    or <input type="checkbox"/> Other:	
Number of Teachers, Parents, Chaperones:	
Qualifications/Certifications of Teachers, Parents, Chaperones: <input type="checkbox"/> First Aid <input type="checkbox"/> Other _____	

B. SAFETY GUIDELINES
<input type="checkbox"/> Parent consent forms and medical information including the Health Card Number will be obtained. <input type="checkbox"/> Evacuation Plan is in place and will be communicated to appropriate individuals. <input type="checkbox"/> Designated supervisor has access to emergency vehicles at all times. <input type="checkbox"/> Access to cellular or satellite phone or other communication device. <input type="checkbox"/> A list of emergency telephone numbers will be formulated. <input type="checkbox"/> Have reviewed the Physical Activity Safety Guidelines section on Outdoor Education. <input type="checkbox"/> Appropriate number of supervisors as designated in the Physical Activity Safety Guidelines.

C. BUDGET
❖ Anticipated Budget _____ - Budget breakdown (be sure to include cost of substitute staff) ❖ Description of Funding Sources _____ ❖ Out of Pocket Cost per Participant _____

**D. LEARNING OBJECTIVES** *(Relationship of trip activities to curriculum for curricular excursions)*

**E. SCHEDULE OF ACTIVITIES**

**This form must be completed and presented to the Principal prior to the planned dates.**

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**Request Approved**

**Request Denied**