

**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)*

Blank area for Learning Objectives.

E. SCHEDULE OF ACTIVITIES

Blank area for 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