1075 9th Avenue North West, Moose Jaw, SK S6H 1V7 P 306.694.1200 1.877.434.1200 F 306.694.4955 prairiesouth.ca

OVERNIGHT EXCURSIONS / OUTDOOR EDUCATION / HIGH RISK ACTIVITIES APPLICATION FORM

Division Office Administration Approval Required

A. INFORMATION		
Name of Teacher:	School:	
Type of Activity: Curricular Extra-Curricular High Risk Activity		
Grade Level:	Number of Students:	
Destination:	Trip Date:	
Number of School Days (Partial/Full):		
Transportation: ☐ Travel by Bus (PSSD No. 210) or ☐ Other: ☐ Travel by Car/Van (List names of drivers):		
Number of Teachers, Parents, Chaperones:		
Qualifications/Certifications of Teachers, Parents, Chaperones: □ First Aid □ Lifeguard □ Canoe Certification □ Other		
B. SAFETY GUIDELINES		
 □ Parent consent forms and medical information including the Health Card Number will be obtained. □ Evacuation Plan is in place and will be communicated to appropriate individuals. □ Designated supervisor has access to emergency vehicles at all times. □ Access to cellular or satellite phone or other communication device. □ A list of emergency telephone numbers will be formulated. □ Have reviewed the Physical Activity Safety Guidelines section on Outdoor Education. □ Appropriate number of supervisors as designated in the Physical Activity Safety Guidelines. □ Male and Female Chaperones for a co-ed activity. □ If using 15 passenger vans, SSBA safety guidelines and restrictions will be followed. 		
C. BUDGET Anticipated Budget Budget breakdown (be sure to include cost of substitute staff) Description of Funding Sources Out of Pocket Cost per Participant		

SECTIONS D, E and F MUST BE COMPLETED FOR ALL CURRICULAR EXCURSIONS

D. LEARNING OBJECTIVES	
E. LEARNING ACTIVITIES (Outline prior training for outdoor education and high risk activities)	
a) Pre-Excursion Learning	
b) Excursion Learning	
c) Post-Excursion Learning	
c) Tost Encursion Zemming	
F. SCHEDULE OF ACTIVITIES	
Teacher Signature	Date
Principal Signature	Date
Director/Superintendent Signature	
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☐ Request Approved	Request Denied

Date Revised: December 2016