

**OVERNIGHT EXCURSIONS / OUTDOOR EDUCATION / HIGH RISK
ACTIVITIES APPLICATION FORM**

Division Office Administration Approval Required

A. INFORMATION	
Name of Teacher:	School:
Type of Activity: <input type="checkbox"/> Curricular <input type="checkbox"/> Extra-Curricular _____ <input type="checkbox"/> High Risk Activity _____	
Grade Level:	Number of Students:
Destination:	Trip Date:
Number of School Days (Partial/Full):	
Transportation: <input type="checkbox"/> Travel by Bus (PSSD No. 210) or <input type="checkbox"/> Other: _____ <input type="checkbox"/> Travel by Car/Van (List names of drivers): _____ _____	
Number of Teachers, Parents, Chaperones:	
Qualifications/Certifications of Teachers, Parents, Chaperones: <input type="checkbox"/> First Aid <input type="checkbox"/> Lifeguard <input type="checkbox"/> Canoe Certification <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. <input type="checkbox"/> Male and Female Chaperones for a co-ed activity. <input type="checkbox"/> 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

a) Pre-Excursion Learning

b) Excursion Learning

c) Post-Excursion Learning

F. SCHEDULE OF ACTIVITIES

Teacher Signature

Date

Principal Signature

Date

Director/Superintendent Signature

Request Approved

Request Denied