



# Extended Field Trip Approval Form

**Must be submitted to the Superintendent of Schools a minimum of 30 days prior to departure.**

## A. Extended Field Trip Qualification

*Please note that all questions within Part 1 must be answered **True** or the field trip does not qualify as extended.*

1. The field trip will occur in British Columbia, Alberta, Yukon or Alaska.	True	False
2. The field trip is no more than five(5) school days in duration.	True	False
3. There are special <b>NO</b> safety considerations (e.g. water, back country) are involved with the field trip.	True	False

## B. Trip Information

*Please note that failure to complete this section with all relevant information may result in rejection of the proposed field trip.*

1. School Name :	
2. Group (Grades):	
3. Type of Activity:	
4. Purpose of Activity:	
5. Departure Date:	
6. Return Date :	
7. Schedule of events: <b>(Please attach if inadequate space)</b>	
8. Teacher Supervisors :	
9. Other School District Supervisors:	
10. Other Non –District Supervisors:	
11. Number of Students:	

12. Are there students who are opting out of the field trip? <i>(If no proceed to questions 14)</i>	Yes	No
13. Please indicate the reasons students have opted out of the field trip:		
14. Age Range of Students:		
<b>C. Rationale:</b> <i>Please note that failure to complete this section with all relevant information may result in rejection of the proposed field trip.</i>		
1. Relation of Activity to School Goals: <i>(Please explain in detail, attach a separate sheet if inadequate space )</i>		
2. Relation of Activity to Curriculum: <i>(Please explain in detail, attach a separate sheet if inadequate space )</i>		
3. Is school time loss a reasonable and justifiable amount?	Yes	No
<b>D. Substitutes:</b>		
1. Are substitutes required?	Yes	No
2. Is a suitable substitute available?	Yes	No
3. Have adequate plans been provided for the substitute?	Yes	No
<b>E. Criminal Record Checks:</b>		
1. Have criminal record checks been completed and returned to the Principal by all persons who will accompany the students on any overnight field trip?	Yes	No
<b>F. Funding:</b>		
1. Is funding assistance required from the school? <i>(If no proceed to questions 3)</i>	Yes	No

2. If yes from which program?		
3. Are any charges to students in accordance to school law? <b>(If no proceed to section G)</b>	Yes	No
4. Please indicate cost of trip to each students:		
5. Have all students been permitted to participate despite financial difficulties?	Yes	No
<b>G. Transportation:</b>		
1. Are loading, unloading and parking areas safe?	Yes	No
2. Has adequate adult supervision been provided in accordance with school policy while travelling?	Yes	No
3. Is the district bus being used for transportation? <b>( If no proceed to question 6)</b>	Yes	No
4. Is the driver of the bus a school board employee?	Yes	No
5. Does the driver hold a valid class 4 drivers licence?	Yes	No
6. Are private vehicles being used? <b>( If no proceed to question 13)</b>	Yes	No
7. Has a volunteer driver form been completed for all drivers?	Yes	No
8. Are all vehicles in good repair?	Yes	No
9. Has the driver been informed of the Board regulations on seat belts?	Yes	No
10. Has the driver been instructed to carry a copy of signed permission forms in the vehicle for all passengers?	Yes	No
11. Will any of the volunteer drivers be transporting students with allergies? <b>(If no proceed to 13)</b>	Yes	No
12. Has the driver been informed to inspect the vehicle to ensure that the know allergen is not present in the vehicle?	Yes	No

<b>13. Is a rental vehicle being used? (If no proceed to question 15)</b>	Yes	No
<b>14. Does the rental vehicle have a valid school bus permit?</b>	Yes	No
<b>15. Does the trip involve cycling? (If no proceed to section H)</b>	Yes	No
<b>16. Will everyone be wearing an approved helmet and safety vest?</b>	Yes	No
<b>17. Will pre-trip instructions and on-trip procedures conform to CAN-BIKE principals?</b>	Yes	No
<b>18. During on-road situations, will the student/adult ratio be 8:1 or less?</b>	Yes	No
<b>H. Parent Communication:</b>		
<b>1. Has or will the teacher sponsor provide you with completed parental permission forms?</b>	Yes	No
<b>2. Has suitable arrangements been made to cope with medical situations listed by the parents?</b>	Yes	No
<b>3. Has an equipment list been provided to students? ( If no proceed to question 5)</b>	Yes	No
<b>4. Have provisions been made to ensure all students have the required equipment prior to departure?</b>	Yes	No
<b>5. Have arrangements been made with school administration to notify parents if return times cannot be met?</b>	Yes	No
<b>6. Has or will the teacher discuss, with students, the code of conduct?</b>	Yes	No
<b>I. Safety:</b>		
<b>1. Have you attempted to anticipate any hazards, dangers etc. involved?</b>	Yes	No
<b>2. Please indicate your emergency contact procedures:</b>		

3. If this trip involves cycling, skiing or snowshoeing, will an emergency repair kit be available?	Yes	No
4. Is this is an outdoor education trip? <b>( If no proceed to question 7 )</b>	Yes	No
5. Has the outdoor education site and route been reconnoitered prior to the trip by the teacher sponsor?	Yes	No
6. Does an adult accompanying the group have a first aid certificate?	Yes	No
7. Will a first aid kit be available?	Yes	No
8. Please inventory first aid kit. <b>(Attach a separate sheet if inadequate space)</b>		
<b>J. Misc:</b>		
1. Is there anyone attending the trip younger than 19 years of age who is not a student? <b>(If no proceed to question 3)</b>	Yes	No
2. Please list all participants under the age of 19 and reasons for attending.		
3. Have you discussed any potential liability issues with the Secretary Treasurer? <b>(If no proceed to end)</b>	Yes	No
4. Please list all liabilities discussed with the Secretary Treasurer:		

Teachers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Rejected

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Rejected



## VOLUNTEER DRIVER

Thank you for volunteering to drive students. Your offer and assistance is much appreciated. In order to protect our children and you as a driver, we ask you to complete the following. We will also need to photocopy your driver's licence and current Autoplan Insurance Policy (a minimum of \$2,000,000 liability coverage is required).

**SCHOOL:** \_\_\_\_\_

**DRIVER'S NAME:** \_\_\_\_\_

**DRIVER'S ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_

I have a Class \_\_\_\_\_ Drivers' Licence No. \_\_\_\_\_ (copy attached.)

If requested, my Drivers Abstract dated \_\_\_\_\_ is also attached.

<b>VEHICLES TO BE USED:</b>	<b>Vehicle 1</b>	<b>Vehicle 2</b>
Year/Make/Style	_____	_____
Colour	_____	_____
Licence Plate No.	_____	_____
Passenger Capacity (# of seatbelts)	_____	_____
My vehicle has # places/seats that meet the criteria for safe placement of booster seats	_____	_____
Owner's Name	_____	_____

### REGULATIONS

In volunteering to transport students, I confirm my awareness of the following School District regulations:

1. Vehicles used for student transportation must be rated appropriately and insured with minimum Third Party Liability Insurance of \$2,000,000. The vehicle must be properly equipped with a seat belt for each occupant; seat belts must be secured when travelling.
2. The School District does not accept responsibility for any damage to the vehicle in the event of an accident, nor for deductible, loss of insurance discount or loss of use.
3. The volunteer driver and owner should ensure that, to the best of his/her knowledge, the motor vehicle used for student transportation is in good mechanical condition.
4. Vehicles used will only be driven by the volunteer driver noted above who must be at least 21 years of age and in good health. The driver should be accident-free for at least three years and cannot be a secondary school student. Upon request, the driver must provide a copy of his/her current driver's licence and abstract to the school principal or designate.
5. The vehicle must be equipped with winter, all-season tires and/or chains for winter conditions.
6. For safety and health reasons, volunteer drivers are asked not to allow smoking in their vehicles while transporting students.
7. The driver must not, at any time during his/her performance as a volunteer driver, imbibe any alcoholic beverage or use any restricted substance.
8. The driver must not operate the vehicle in an unsafe manner or in contravention of any statute or regulation governing the operation of motor vehicles.
9. All drivers are responsible for complying with all child restraint requirements. Vehicle has number of places/seats that meet the criteria for safe placement of booster seats. Booster seats are for children over 18kg. (40 lbs) until they are 9 years old unless they have reached the height of 145 cm (4'9" tall).

NOTE: (a) If a vehicle has the capacity to carry more than 10 occupants (including the driver), the driver must have a Class 4 driver's licence and the vehicle must be licenced as a school bus.  
 (b) The School District provides Excess Third Party liability coverage for volunteer drivers and owners while lawfully operating vehicles on behalf of the School District.

### VOLUNTEER DRIVER AND VEHICLE OWNER DECLARATIONS:

I have read the above items 1 through 9 including notes, regarding transportation of students for sanctioned school activities and accept and agree to follow these School District regulations.  
 I affirm that the vehicle that I am driving is insured with a minimum Third Party Liability Insurance of \$2,000,000. I certify that I have no moving violations, no impaired driving charges, and no criminal charges related to a motor vehicle in the past 24 months, and that, to the best of my knowledge, the vehicle(s) identified above is/are in safe, roadworthy condition and my driver's licence is in good standing. Further, I authorize a criminal record check, if so requested.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Principal (or designate)

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date



# FIELD TRIP CONSENT AND WAIVER FORM FOR PARTICIPATION IN A HIGHER RISK ACTIVITY

School: \_\_\_\_\_

(\*Legal Guardian. Please initial you have read each paragraph in space provided)

Dear Parent/Legal Guardian:

In consideration of School District No. 87 Offering my Child, \_\_\_\_\_  
(Name)

an opportunity to participate in a field trip on \_\_\_\_\_  
(Date)

I waive any and all claims I may have against and release all liability and agree not to sue the Board of Education of School District No. 87 ( Stikine) and it officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip arising out of any cause whatsoever.

I herby give consent, and acknowledge by my signature that students will be going to :

\_\_\_\_\_ and will be away from the school from  
(Location)

\_\_\_\_\_ to \_\_\_\_\_  
(Date and time) (Date and Time)

They will be traveling by (school bus/public transport/private vehicle). \_\_\_\_\_ Initial\*

Description of field trip and relevant information: ( description of the activity; necessary skills/competencies; training and safety equipment required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initial\*

Supervision: ( Description of what levels of supervision will/will not be provided.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initial\*

My child has no illnesses, allergies or disabilities that would preclude him/her from participating, except as described here:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initial\*

## FIELD TRIP CONSENT AND WAIVER FORM FOR PARTICIPATION IN A HIGHER RISK ACTIVITY

I am aware of the unusual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from activities. The dangers and risks may include, but are not limited to:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including:

\_\_\_\_\_

\_\_\_\_\_

My Child is over 9 years of age **OR** over 4'9" - no booster seat is required.

My child is over 18kg (40lbs) **AND** under 4'9" – a booster seat is required.

My child will bring a portable booster seat that does not require installation in to the drivers vehicle.

My child does not have a car seat or booster seat that is appropriate for his/her age and weight. I request that the school provide an appropriate child car or booster seat for my child.

\_\_\_\_\_ Initial\*

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

\_\_\_\_\_ Initial\*

My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home.

\_\_\_\_\_ Initial\*

I also agree to follow all rules and regulations of the competent professional and / or site rules and regulations.

\_\_\_\_\_ Initial\*

Accidents can be the result of the nature of the activity and can occur with or without any fault on wither the part of the student, or the school board or it employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above is suitable for my child.

\_\_\_\_\_ Initial\*

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the School board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver.

\_\_\_\_\_ Initial\*

I am 19 years of age or older and have read and understand the terms of the Consent and Waiver, and understand that it is binding upon me, my heirs, executors and administrators.

\_\_\_\_\_ Initial\*

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Legal Guardian (Please print)

\_\_\_\_\_  
Name of Witness (Please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address