



**Horizon School Division**  
**Policy HICA Attachment C**  
*Principal Approved Field Trip Proposal Form*  
*(Optional for One-Day Trips - Required for Overnight Trips)*

Individual Requesting Approval:		This is a Low Risk Activity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination/Activity:	Departure Date: Departure Time:	Return Date: Return Time:	
Grade Level (Please Indicate):	# of Male Students: # of Female Students:		
This form covers a series of co-curricular/extra-curricular activities for the _____ school year (See Attached Schedule)			
<b>Name(s) of Supervisors</b>		<b>Staff/Volunteer(s)/Service Provider(s)</b>	
Teacher in Charge:		<input type="checkbox"/> M <input type="checkbox"/> F	
Other Supervisor:		<input type="checkbox"/> M <input type="checkbox"/> F	
Other Supervisor:		<input type="checkbox"/> M <input type="checkbox"/> F	
Other Supervisor:		<input type="checkbox"/> M <input type="checkbox"/> F	
Total Number of Supervisors:			

<p style="text-align: center;">Method of Transportation</p> <input type="checkbox"/> Walking <input type="checkbox"/> School-Owned Bus/Van <input type="checkbox"/> Public Transport <input type="checkbox"/> Charter Bus Company: <input type="checkbox"/> Rental Van Company: <input type="checkbox"/> Volunteer Driver (Staff/Other/Supervisor) <input type="checkbox"/> Other (Please Specify Below:	<p style="text-align: center;"><b>Attachments Checklist (Check All That Are Applicable)</b></p> <input type="checkbox"/> Detailed Itinerary (required) <input type="checkbox"/> Parent Correspondence including student responsibilities (required) <input type="checkbox"/> Student medical information and emergency contact (required) <input type="checkbox"/> Parent/Guardian Consent/Risk Acknowledgement Form (attachment F – required) <input type="checkbox"/> Volunteer Registration Form (Policy GFA) <input type="checkbox"/> Volunteer Reference Check Form (Policy GFA) <input type="checkbox"/> Volunteer Consent/Risk Acknowledgement Form (Attachment G) <input type="checkbox"/> Volunteer Medical Information Form (attachment H) <input type="checkbox"/> Volunteer Automobile and/or Driver Authorization Form (attachment B policy EEACAA) <input type="checkbox"/> Parent/Guardian Responsibility of Student Transportation for School Sponsored Events (attachment A policy EEACAA)
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1. Purpose and Educational Objective of the trip:

2. How have the students been prepared re: knowledge, skills, and attitudes for the trip?

3. What activity(ies) will occur during the trip (or include an attached trip plan or itinerary)?

**Parent Information:**  
 Describe the nature of communication provided to parents regarding the trip (attach appropriate documents):

Parents/Guardians have been informed in writing of all required information about off-site activities as per section 8.1 of Policy HICA (check off to confirm)

**Safety Guidelines**

- I have reviewed and applied relevant board policies and the Safety Guidelines for Physical Activity in Alberta Schools (2008) – (check off to confirm)

**Safety Plan**

Briefly Describe the Assessment and Preparation that has occurred regarding the following, as appropriate:

1. Hazards or risks associated with activity:

2. Equipment or safety precautions taken:

3. Contingency Plan(s):

**Supervision Plan**

1. Identify the roles and responsibilities of supervisors (e.g., large and/or small group supervision, group management, discipline, night checks, activity instruction, other):

2. When and how will volunteers be briefed regarding their roles, responsibilities and expectations:

**Emergency Plan (If Needed):**

1. What is the level of First Aid training within the group? (i.e., number of people with each relevant certification, who is the primary First Aider)

2. First Aid, survival and repair kits (as appropriate) are stocked and accessible: Yes  NA

3. What steps will be followed if a participant is ill or has a non-life threatening injury?

4. How will emergency services (police, fire, ambulance, search and rescue) be activated if needed in the area?

Name of Teacher in Charge:  
(Please Print)

Teacher Signature:

Principal Signature:

Date(YYYY/M/D):

**IMPORTANT NOTES:**

1. The Board reserves the right to cancel any off-site activity at any time.
2. Principal or superintendent approval in principle must be acquired prior to student and parent communication
3. Prior to submitting this application form to the principal, the teacher in charge will have read through Policy HICA (Off-Site Activities) and realize the extra responsibilities associated with taking students off-site.
4. Prior to signing this application, the principal will review the application form in light of Policy HICA (*Off-Site Activities*) to ensure that the teacher in charge is aware of its requirements.

**FOR INFORMATION PURPOSES, FORWARD A COPY OF THIS SIGNED FORM TO THE SUPERINTENDENT IMMEDIATELY FOLLOWING APPROVAL WHEN TRIPS ARE OUTSIDE OF THE JURISDICTION OR OUTSIDE OF LETHBRIDGE.**