

## Proposal for Local Low Risk Off-site Activities

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The following form is suggested for use by teachers/leaders as they prepare a proposal for a local, low risk daytrip. Examples could include a trip to the local museum, art gallery, science centre, aquarium or other similar venue or to attend a performance (e.g., play, concert, dance). This is the document that a principal or designate would review to determine if the proposed trip meets the standard of care for planning of such ventures.

Teachers/leaders completing such forms should be reminded that **all** off-site experiences involve some risks. They need to identify and plan for the real known potential risks (e.g., vehicular incident, a student getting lost or separated from the group).

There is little benefit for a teacher/leader to fill out this form for every session if a single class or group of students is involved in a series of local, low risk activities (e.g., a cross country running club or team running in different events). Multiple dates with relevant times and destinations may be added to a single form for such situations. Simply expand the relevant box, table this information in it, and delete the redundant boxes, if the rest of the information stays the same. This will help minimize excessive paperwork for all involved. However, if the group is to go on a more significant outing (e.g., involving a higher care activity or environment) then a separate form should be completed.

Most of the information needed to prepare for aspects such as equipment, facility, service providers, transport, supervision, instruction, and injury procedures, etc. is contained in the *Safety First! Guidelines for BC School Off-site Experiences*.

The educational value of an off-site experience should include the referencing of specific Student Learning Outcomes from the BC Curriculum. Curricular connections refer to elements from other relevant curricula. For example, journaling about an off-site activity may help the students meet one or more Language Arts outcomes, and their study of ecology of the flora and fauna in a local park explored may contribute to some of the stated outcomes in the Science curriculum. In addition, the *Safety First! Guidelines for BC School Off-site Experiences* includes a comprehensive list of potential rationale for off-site experiences that may be useful.

**PROPOSAL FOR LOCAL LOW RISK ACTIVITIES**

DESTINATION:			
DATE:	DEPARTURE TIME:	RETURN TIME:	
LEAD TEACHER:			
PHONE:	FAX:	EMAIL:	
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE/HOME ROOM:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add rows if needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Lead teacher:		
Other Supervisor:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply)		ESTIMATED COST OF TRIP:
<b>METHOD</b> <input type="checkbox"/> Walking <input type="checkbox"/> Board-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Multifunction activity bus <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider <input type="checkbox"/> Transport not provided; participants responsible for own Other (specify): _____	<b>DRIVER</b> <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources)
		EQUAL ACCESS FOR ALL STUDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached
		SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See attached
		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No
		CONTINGENCY PLAN:

<b>EDUCATIONAL VALUE</b> Goals and/or Student Learning Outcomes:
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<b>SAFETY GUIDELINES</b> I am familiar with relevant board policies, district procedures and the <i>YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>SAFETY PLAN</b> Briefly describe (or attach in Trip Plan) the risk assessment and safety planning process to address any key known risks related to the site/area, weather, activity and/or group:
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Personal information contained on this form is collected under the authority of the *School Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

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**SUPERVISION PLAN**

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant:

**VOLUNTEER PLAN (if relevant)**

Process to identify, screen if/as appropriate, and brief re: roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

**EMERGENCY PLAN**

First Aid kit(s) (stocked and carried/accessible):

Yes       No

Emergency communications equipment carried and/or accessible (check any and all that apply):

Cell phone     Telephone     Service Provider Responsibility     None     Other (specify): \_\_\_\_\_

Contacts and numbers, if relevant: \_\_\_\_\_

Name of Primary First Aider, if relevant: \_\_\_\_\_ Certification Held: \_\_\_\_\_

**ATTACHMENTS CHECKLIST (check all that apply and attach to this form):**

- |  |   |
|--|---|
| <input type="checkbox"/> Program/Activity/Trip Plan                        | <input type="checkbox"/> Volunteer Driver Authorization Application Form      |
| <input type="checkbox"/> Parent/Guardian Correspondence                    | <input type="checkbox"/> Service Provider Proposal, Agreement and/or Contract |
| <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form | <input type="checkbox"/> Passenger List Form                                  |
| <input type="checkbox"/> Volunteer Screening Form                          | <input type="checkbox"/> Other (specify): _____                               |
| <input type="checkbox"/> Completed Off-Site Experience Checklist attached  |   |

**EVALUATION**

Criteria for success of off-site experience:

Process to determine success:

Name of Lead Teacher (please print):	Date (year/month/day) / /	Signature
Name of Administrator (please print):	Date (year/month/day) / /	Signature

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