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| **HIGHER CARE FIELD TRIP OR TRAVEL EXCURSION INFORMATION** | | | |
| *Name of trip AND destination(s)*  ***Alpine (Downhill) Skiing / Snowboarding at Kicking Horse Mountain Resort*** | | | |
| *Departure date (yyyy/mm/dd)* | *Departure time* | *Return date (yyyy/mm/dd)* | *Return time* |
| *Grade* | | *# of students* | |

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| **Educational Value** | |
| *Purpose of trip – Curricular connections, competencies, and content* | *Student preparation (i.e. re: knowledge, skills, attitudes, fitness)* |
| *Activity(ies) that will occur* | *Follow-up activity(ies) that will occur)* |

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| Equal access for all students:  Yes  No  See attached |
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| **Evaluation** |
| *Criteria for success of off-site experience* |
| *Process to determine success* |

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| **Approval** | | |
| *Name of Lead Teacher (please print)* | *Date (yyyy/mm/dd)* | *Signature* |
| *Name of Administrator (please print)* | *Date (yyyy/mm/dd)* | *Signature* |
| *Superintendent of Schools (to be sent for approval no later than* ***two months*** *before planned activity)* | *Date (yyyy/mm/dd)* | *Signature* |
| *Field Trip Committee (Include correspondence or date of Field Trip Committee meeting approval)* |  |  |

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| **CONTACT INFORMATION** | | | | |
| **Supervisors’ Names (please indicate if they are Staff (S), Volunteer (V),**  **Other (O)** | ***Role/***  ***Responsibilities/***  ***Duties*** | **Capacities (relevant knowledge, skills, fitness and experience)** | | **Contact information**  **C – cell**  **A – alternate #**  **E - email** |
| *Lead teacher/organizer*  *Please attach relevant training and certification to form* |  |  | | (C)  (A)  (E) |
| *Principal (participating in activity?)* |  |  | | (C)  (A)  (E) |
| *Other Supervisor* |  |  | | (C)  (A)  (E) |
| *Other Supervisor* |  |  | | (C)  (A)  (E) |
| *Assistants / Volunteers* |  |  | | |
| *Assistants / Volunteers* |  | |  | |
| *Name of service provider (SP) (if applicable)* | *SP contact person* | | *SP phone* | |
| *Total number of supervisors* |  | | | |
| **Supervision Plan and Site Assessment.** | | | | |
| *Briefly describe the supervision processes and site assessment 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. Please list features of the site, such as, availability of communication, distance and time from emergency service, emergency access, site risks, etc.* | | | | |
| **Volunteer Plan** *(If relevant)* | | | | |
| *Process to identify, screen if/as appropriate*  Criminal Records Check  Child Protection Training | | | | |
| *Volunteer briefing process re: their roles and responsibilities (e.g. briefing to be conducted when, where, how, by whom)* | | | | |

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| **Communications Plan** | | | | | | |
| Detail schedule of routine check-ins | | | | | *Initials* | |
| What method of communication | | | | | *Initials* | |
| Who to be contacted | | | | | *Initials* | |
| Detail contingency plan if check-in missed | | | | | *Initials* | |
| Yes No Other staff, supervisors, volunteers briefed re: logistics, roles/responsibilities/duties, expectations, communications, safety plan and emergency plan? | | | | | | |
| **Transportation Plan** *(Check all that apply)* | | | | | |
| **Method** | | | | | |
|  | Walking | | | | |
|  | Board-owned bus (professional driver) | | | | |
|  | Public Transportation (professional driver) | | | | |
|  | Charter bus (professional driver) | | | | |
|  | Transportation not provided; Participants responsible for own transportation | | | | |
|  | Volunteer driver (staff/other supervisor) | | | | |
|  | Other (i.e by service provider) | | | | |
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|  | Driver(s) aware of route and safety expectations? | | | | |
| **Volunteer driver information** | | | | | |
| Driver name | | Vehicle (Make/Model) | License Plate # | Vehicle inspection completed | |
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| **Other modes of transportation (public transit, planes, trains, ferry, boats etc.)** | | | | | |
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| **Accommodation Arrangements** | | | |
| Date of Arrival *(yyyy/mm/dd)* | Location (City/Town/ approx. land coordinates) | Name of Accommodation | Phone number |
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| **Budget** | | | |
| **Expenses** | | **Source(s) of funding and amounts** | |
| Transportation: | | School budget: | |
| Food/Meals: | | Fundraising (specify) | |
| Accommodations: | | Fee/Student: | |
| Service Providers: | | Other (specify): | |
| Fees/Licenses: | | Other (specify): | |
| Other (specify) | | Other (specify) | |

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| *Total cost and estimates for major budget items (e.g. food, gas, etc.)* | | | |
| **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):   Telephone  Cell phone  Satellite communicator (ex. In Reach)   Service provider responsibility  None  Other (specify): | | | |
| *Contacts and numbers, if relevant* | | | |
| *Name of Primary First Aider, if relevant* | | *Certification(s) Held, if any* | |
| *Name of school contact available 24/7* | *Home* | *Work* | *Cell* |
| Procedure if a participant is ill or has a non-life-threatening injury: | | | |

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| **Emergency Contacts** | | |
| **Types of Emergency Service** | **Agency** | **Phone Number** |
| Search and Rescue | Golden and District Search and Rescue | 9-1-1 |
| Medical | Golden & District Hospital | 9-1-1 / 250-344-5271 |
| Fire | Golden Fire Department | 9-1-1 / 250-344-6401 |
| Police | RCMP | 9-1-1 |
| Local Police – non-emergency phone number | | 1-250-344-2221 |
| Names and locations of nearest medical facilities *(Distinguish where there are changes at different points along the trip)*  Golden & District Hospital  835 9th Avenue S.  Golden, BC V0A 1H0 | | |
| **Safety Guidelines** | | |
| I am familiar with relevant board policies, district procedures and the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences*:  Yes  No | | |
| **Student or staff illness plan** | | |
| Student illness plan: | | |
| Staff illness plan: | | |

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| **Attachments Checklist** *(Check all that apply and attach to this form)* | | | |
|  | Completed *Checklist for Higher Care Outdoor and Open Water Activities, and Travel Excursions (included in proposal)* |  | *Volunteer Driver Application* form *(to be completed, if applicable)* |
|  | *Risk Management Plan including average weather forecast (included in proposal)* |  | Service Provider Proposal, Agreement and/or Contract*(to be completed, if applicable)* |
|  | *Risk assessment and supervision ratio calculation tool (included in proposal)* |  | *Attach bus manifest* |
|  | *Itinerary Card for backcountry and open water activities (included in proposal)* |  | Other (i.e. Teacher/Leader training and certifications): |
|  | *A copy of form 8600.3 of the Parental/Guardian Consent, Acknowledgement of Risk and Limited Waiver for Higher Care Activities/Travel Excursion*s |  |

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|  | | **CHECKLIST FOR HIGHER CARE OFF-SITE ACTIVITIES** | | |  |
|  | Y = Met | | X = Not Met | ? = Need More Information | NA = Not Applicable |
| **Met** | **Criteria** | | | | |
|  | Administrative process respected (e.g. proposal submitted to District Administration Building no later than **two months** before event unless it is for activities such as a championship and planning could not be made in advance) | | | | |
|  | Additional insurance needs addressed, if relevant (e.g. out-of-province medical, hospital care) | | | | |
|  | If overnighting, accommodation arrangements are acceptable (safety, hygiene, security) | | | | |
|  | Accessibility/eligibility policy addressed (e.g. equal access, voluntary participation,) | | | | |
|  | Educational and/or other value of the activity is evident (e.g. goals, objectives) | | | | |
|  | Activity/trip is appropriate for the students (e.g. age, preparation, and follow-up) | | | | |
|  | Duration of the activity/trip is appropriate and can be accommodated in the organization calendar | | | | |
|  | Destination or route assessed and appropriate (through pre-visit and/or other data collection) | | | | |
|  | Itinerary and activities are outlined and fit the objectives | | | | |
|  | The group appears adequately prepared for activity (e.g. knowledge, skills, attitudes, fitness, clothing, equipment) | | | | |
|  | Program and activity are sanctioned by the board | | | | |
|  | Parent/guardian information meeting date is planned, if one is appropriate for the trip (e.g. multi-day travel excursions) | | | | |
|  | The location/facility is assessed and appropriate for the students (e.g. adequately clean; hazards removed or identified to students | | | | |
|  | Parent/guardian acknowledgement of risk and consent collected | | | | |
|  | Relevant student health and medical information, and emergency contacts secured | | | | |
|  | Budget and financial arrangements appropriate (e.g. financial accessibility, sources of funding, payment schedule) | | | | |
|  | Transportation arrangements acceptable (type of vehicle and type of driver) | | | | |
|  | Number of supervisors and supervision plan are appropriate for group activities and sites/areas | | | | |
|  | Ensure volunteers have completed CRCs and child protection training | | | | |
|  | Plan to ensure all students are clear re: rules, behavioral expectations, and consequences | | | | |
|  | Leadership is competent to instruct/lead the particular group in the identified activity(ies) and environment(s) | | | | |
|  | Plan in place to brief supervisors re: trip purpose, logistics, roles/responsibilities, safety plan, emergency plan, etc. | | | | |
|  | Risk Management Plan is in place (i.e. procedures for managing the key inherent risks of the activities, environments, and students). | | | | |
|  | Emergency Plan is in place to deal with injured/ill/lost/stranded student(s) or other members of the group (e.g. training, kits, communications equipment, back-up transportation, Emergency Services contacts) | | | | |
|  | Confirmation of the presence of appropriate alternative contingency plan(s) if the trip/part of the trip can’t happen | | | | |
|  | Destination contact and phone number (e.g. outdoor centre, camp, local authority(ies)) | | | | |
|  | List of documents leader will carry (e.g. trip plan, permits, passenger lists, medical conditions, and emergency contacts of students). | | | | |
|  | Principal or designate to receive copy of finalized trip plan, signed consent forms, passenger lists and other relevant documents (send to District Administration Building) | | | | |
|  | An appropriate plan in place to evaluate the activity/trip (e.g., criteria for success, process to evaluate) | | | | |

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| **RISK MANAGEMENT PLAN** | | | |
| **Hazards** | **Risks (likely or probability of exposure to the hazard – low, medium, high)** | **Mitigation Strategies** | **Plan/Notes** |
| Becoming lost or separated from the group or the group becoming split up | High – School or class field trip | Age group meets supervision ratio.  Ski instructors provide supervision during instruction.  Staff/volunteers provide supervision for remainder of day.  Stay in designated areas | See Supervision Plan and Site Assessment on page 2. |
| Injuries related to slips, trips, and/or falls | High | Mandatory ski lesson, supervision, proper equipment, skiing within skillset | If an injury is sustained as a result of slips, trips, and/or falls, Ski Patrol will be contacted and first aid provided based on assessment. |
| Hypothermia, frostbite or other cold injuries due to insufficient clothing, hydration and/or care | Low | Assess temperature on field trip day. Cancel if too cold.  Appropriate clothing |  |
| Psychological injury due to anxiety or embarrassment (e.g., re: lack of skill, body image, affordability) | Low | Assess student skills and needs |  |
| Weather changes creating adverse conditions (e.g., extreme temperatures, storms) | Low | Assess temperature on field trip day. Cancel if weather is unstable. |  |
| Complications of an injury/illness due to remoteness and time to emergency services. | Moderate | Ski patrol and first aid available to provide treatment/care at time of injury. | 17 minute drive from KHMR to Golden & District Hospital. |
| * Train (specific to Golden) * 1 – delayed bus   2 – injury transportation | Moderate | Train  1 – delayed bus –follow procedures to communicate with Operations, Transportation, and families.  2 – injury – first responders determine action plan (including air transport) |  |
| **Average Weather Forecast (Golden)** | | | |
| Average low/high temperature | January (-12/-5)  February -10/0)  March (-5/6)  April (-1/13)  December (-11/-5) | | |
| Average wind speed/direction | January 5.6 km/hr  February 5.7 km/hr  March 5.7 kmhr  April 5.5 km/hr  December 5.4km/hr | | |
| Average precipitation type/amount | Snowfall  January 326mm  February 230mm  March 128 mm  April 28mm  December 326mm | | |
| *Site/area investigation (from pre-visit, guidebooks, talking to local authorities, etc.). Comment on results of investigation (e.g. suitability for group and objectives)* | | | |
| *Winter road conditions report (provide average information from DriveBC or other reliable source if available):* | | | |
| *Other local conditions report (e.g. from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc. as relevant)* | | | |