



MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD ~ Ministik School

Request for Excursion Approval by Principal

[The principal approves same-day and routine excursions within the community.]

Teacher in Charge: _____ Application Date: _____

Grade /Class: _____ Destination: _____

Date and Time of Departure from School: _____

Date and Time of Return to School: _____

Excursion itinerary and activities:

Curricular relevance of the excursion:

Arrangements for assignments and classes missed by participants, if any:

Arrangements and/or requirements for in-school supervisory duties of excursion staff:

Are any students excluded? Yes _____ No _____ Reason _____

Arrangements for non-participating students, if any:

Supervision

	Name	Special Qualifications (if required)
Teacher in Charge*		
Staff Supervisors		
Volunteer Supervisors		

* Long-term occasional teacher must have knowledge of students



Travel Arrangements

Method of Travel: _____

Private vehicle (Staff driver) _____ Private vehicle (Volunteer driver)* _____ Other _____

*The principal must authorize the use of volunteer drivers.

Financial Arrangements, if applicable

Student cost: \$ _____ Are the supervisor's costs included in the students' fees? Yes ____ No _____

Total cost per person: \$ _____

To be paid by students:	\$ _____
To be paid by school/Board:	\$ _____
Fundraising/Subsidies/Sponsors:	\$ _____

Deposit required: \$ _____ Payable to: _____

Medical and Contingency Procedures

Does the teacher in charge have the necessary medical and emergency information?

Special student information	_____
Principal's telephone number	_____
Personal cell phone	_____
Emergency procedures information	_____
First-aid kit (if required)	_____

What arrangements have been made for emergency situations?

Special Accommodations (if necessary):

Requirements for Participants: e.g., lunch, sunscreen, notebooks, special clothing

Communication

Date parent permission form to be distributed: _____

Last date to return permission form: _____

The following must be submitted after excursion approval: Copy of letter to parents; any other student/parent information; and any other material that would support this application.

Teacher in Charge: _____ Date of Application: _____

Principal: _____ Date of Approval: _____

*For office use only:

Distribution (after final approval): _____ Teacher in Charge _____ Principal _____ Superintendent



Form ADMIN 220-02 Request for Excursion Approval by Supervisory Officer
page one

MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD
Request for Excursion Approval by Supervisory Officer

[The Supervisory Officer approves all excursions outside the community, and excursions involving overnight stays or special circumstances.]

Ministik School: Teacher in Charge: _____ Application Date: _____

Grade /Class: _____ Destination: _____

Date and Time of Departure from School: _____

Date and Time of Return to School: _____

Excursion itinerary and activities: [Attach a detailed itinerary.]

Curricular relevance of the excursion:

Arrangements for assignments and classes missed by participants, if any:

Arrangements for non-participating students, if any:

Arrangements and/or requirements for in-school supervisory duties of excursion staff:

Participants

Total number of students involved: _____ Number of females: ____ Number of males: _____

Are any students excluded? Yes _____ No _____ Reason _____

Supervision

	Name	Gender	Special Qualifications (if required)
Teacher in Charge*			
Staff Supervisors			
Volunteer Supervisors			
Other			

* Long-term occasional teacher must have knowledge of students



Form ADMIN 220-02 Request for Excursion Approval by Supervisory Officer
page two

Travel Arrangements

Method of Travel: _____

Private vehicle (Staff driver) _____ Private vehicle (Volunteer driver)* _____ Other _____

*The Supervisory Officer must authorize the use of volunteer drivers.

Financial Arrangements

Student cost: \$ _____ Are the supervisor's costs included in the students' fees? Yes ___ No _____

Total cost per person: \$ _____

To be paid by students: \$ _____

To be paid by school/Board: \$ _____

Fundraising/Subsidies/Sponsors: \$ _____

Deposit required: \$ _____ Payable to: _____

Accommodations

<u>Hotel(s), Hostel(s), etc.</u>	<u>Date</u>	<u>Phone Number</u>	<u>Fax Number</u>

Insurance

Additional insurance for participants and staff if this excursion involves travel out-of-province:

Communication

How have parents and students been fully informed about the nature of these activities?

Parent/Guardian letter (attached) _____ Parent meeting (attach meeting agenda) _____

Student meeting (attach agenda) _____

Date Parent permission form to be distributed: _____

Last date to return permission form: _____

The following must be submitted after excursion approval: student/parent information packages, information about volunteers, and any other material that would support this application.

Medical and Contingency Procedures

Does the teacher in charge have necessary medical and emergency information?

Special student information _____

Principal's telephone number _____

Personal cell phone _____

Emergency procedures information _____

First-aid kit (if required) _____



Form ADMIN 220-02 Request for Excursion Approval by Supervisory Officer
page three

Emergency Situations: What arrangements have been made for emergency situations?

Special Accommodations (if necessary):

Requirements for Participants: e.g., special equipment, clothing

Teacher in Charge: _____ Date of Application: _____

Principal: _____ Date of Approval: _____

Supervisory Officer: _____ Date of Approval: _____

*For office use only:

Distribution (after final approval): _____ Teacher in Charge _____ Principal _____ Supervisory Officer



Form ADMIN 220-03 Request for High Care Activity Approval by Supervisory Officer page one

**MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD
Request for High Care Activity Approval by Supervisory Officer**

Supervisory Officer: _____

Activity: _____

Date of Excursion: _____ Grade/Class: _____

High-Care Activities

"High-care activities" are those activities that involve increased risk and special safety considerations along with one or more of the following:

- multiple risks, e.g., weather;
- occur in or on the water;
- require special qualifications or certification for supervision; or
- take place away from easy access to first aid.

Exceptions:

- timetabled physical education water activities
- travel on large water vehicles used for public transportation
- sports as a regular part of school athletics

Describe the nature of the high-care activities:

Outline any safety standards or certification and equipment required for the excursion:

Are special qualifications or certification required by:

- a) Teachers? Yes ____ No ____
b) On-site instructors? Yes ____ No ____

If yes, list them:

* If on-site instructors have proper certification, the teacher does not require it.

What special preparations or qualifications are required of the participants? (for example, canoe trips require a swim test):

Contingency Plan: (Attach details)



Form ADMIN 220-03 Request for High Care Activity Approval by Supervisory Officer page two

Accommodations

<u>Hotel(s), Hostel(s), etc.</u>	<u>Date</u>	<u>Phone Number</u>	<u>Fax Number</u>

Insurance:

Describe plans for additional insurance for participants and staff if appropriate:

Communication

How have parents and students been fully informed about the nature of these activities?

Parent/Guardian letter (attached) _____ Parent meeting (meeting agenda attached) _____

Student meeting (agenda attached) _____

Teacher in Charge: _____ Application Date: _____

Approved by Principal: _____ Date: _____

Approved by Supervisory Officer: _____ Date: _____

*For office use only

Distribution (after final approval): _____ Teacher in Charge _____ Principal _____ Supervisory Officer



**MOOSE FACTORY ISLAND DISTRICT SCHOOL AREA BOARD
Ministik School**

To be completed at the school:

Teacher in Charge: _____

Due Date for Return of this Form: _____

Student's Name: [Please print] _____

Destination:

Method of Transportation:

Agency/Company:

Place of Accommodation (if overnight):

Date and Time of Departure from School:

Date and Time of Return to School:

Excursion itinerary and activities: [See page two of this form.]

Total Cost to Student:

To be completed by the parent/guardian:

Note: The parent must also complete Form ADMIN 220-05 Student Medical History.

Special Medical Needs of Student:

My child carries an Epi-pen for an allergy to:

Special dietary needs/allergies:

Name of Parent/Guardian: [Please print] _____

Daytime Contact Number: _____ Cell Phone: _____

E-mail Address: _____

I understand the details of this school excursion and the expectations of the school and Board. I hereby give permission for my child [named above] to participate in this excursion.

[Signature of parent/guardian]

[Date]

NOTE: Failure to complete, sign, and return this form by the due date constitutes denial of permission to participate in this school excursion.



To be completed at the school:

PURPOSE OF THE EXCURSION, CURRICULUM CONNECTIONS:

DETAILED ITINERARY:

SPECIAL ARRANGEMENTS FOR A HIGH-CARE ACTIVITY:

SUPERVISORS:

DETAILS OF STUDENT COSTS:



RULES AND REGULATIONS FOR SCHOOL EXCURSIONS

1. Students are expected to behave at all times in keeping with what is considered common courtesy and common sense. Students shall comply with the rules of the school and the requirements of the school's Code of Conduct and the provincial Code of Conduct.
2. Students are subject to the authority of the designated supervisors at all times and in all matters. The teacher is acting as the parent during the trip. All places the excursion visits are the "school" for the duration of the excursion and for the purpose of the school's authority.
3. Students shall take part in all activities that are planned for the group.
4. The consumption of alcohol or the use of drugs is prohibited on all school trips.
5. Students shall be available for room checks at the time designated by the supervisor(s).
6. Buses will leave at the times designated by the supervisors. It is unreasonable to ask buses to be held any longer than 15 minutes.
7. The parent agrees that the teacher may require that the students' room, bags, etc., be made available for inspection where the teacher has reason to believe that any rule has been violated.
8. Parental permission for all trips will be necessary for all students.
9. Failure to comply with or breach of these rules will result in the student immediately being sent home at the parent's expense.



Form ADMIN 220-05 Student Medical History page one of two

This form must be completed and signed by the parent or guardian of every student participating in overnight trips, school teams, or high-care activities. Some of the information requested may have to be obtained from your doctor or pharmacist.

Student's Name: _____ Date of Birth: _____

Parent's/Guardian's Name: _____

Address: _____

Phone No.: _____

Ontario Health Card No. _____ Family Doctor: _____

ALERT: If this student has a medical condition that requires special attention and consideration, please contact the appropriate teachers and/or coaches to discuss the medical condition.

1. Does the student suffer from air-sickness, car-sickness, allergies, chronic bronchitis, heart disease, diabetes, epilepsy, or any other physical ailment? _____ Yes
If yes, please describe in detail.

2. The student may require an injection of **epinephrine** in case of a severe allergic reaction. _____ Yes

If yes, an epinephrine auto-injector with a current expiry date, as prescribed by a physician, must accompany the child at all times.

3. Has the student undergone any surgery? _____ Yes
If yes, please give details.

4. Is the student taking any kind of medication, including aspirin? _____ Yes

If yes, please state the nature of medication, how administered, and number of times per day. An adequate supply must be provided for the duration of the trip.

5. Do you know of any reason that may prevent this student from participating in school trips?

_____ Yes
If yes, please give details.

6. Is the student prevented or not allowed to eat certain foods? _____ Yes
If yes, please describe these food(s) in detail:



Form ADMIN 220-05 Student Medical History page two of two

7. Is the student on any special diet? _____ Yes
If yes, please provide details.
8. Is the student allergic to:
Penicillin? _____ Yes
Tetracycline? _____ Yes
Sulpha Compounds? _____ Yes
Any Other Drugs? (Please state): _____ Yes
9. Is the student dependent on glasses/contact lenses? _____ Yes
State which:
10. Is the student allowed a blood transfusion? _____ Yes No _____
11. Provide details of any other special considerations:

PLEASE NOTE:

If any of the above-stated information changes before the excursion commences or the sport season finishes, please notify the teacher in charge.

I hereby declare that this form has been correctly completed, and that I am fully responsible for the contents therein. In the event of a medical emergency, it is understood and agreed upon that the supervisor/teacher will take whatever action appears necessary until the parent/guardian can be contacted.

Signature of Parent/Guardian

Signature of Student

Date