

Day Excursion Proposal Form - F 260-2

TRIP

Destination: _____ Date of Trip: _____

Pertinent Details: _____

Location of Departure/Return: _____

Time of Departure: _____ Time of Return: _____

Staff Supervisors: _____

Participants: _____

Expected Number of Students: _____ Cost per Student: _____

TRANSPORTATION

Mode of Transportation: _____ Provider: _____

Contact Number: _____ Organized by: _____

SUPERVISION

Kindergarten - Grade 2	Grade 3 - Grade 5	Grade 6 - Grade 8	Grade 9 - Grade 12
1 supervisor for 8 students	1 supervisor for 10 students	1 supervisor for 12 students	1 supervisor for 15 students

Suggested Ratios - actual supervisor:student ratio is at the discretion of the principal. Additional supervision may be required to meet the needs of the classroom due to special circumstances. For activity specific ratios, refer to OPHEA guidelines. Note that OPHEA guidelines refer to the minimum requirements for safety for each specific activity. Also, note that 'adequate supervision' is a product of many variables.

Supervisor	Contact Number	Criminal Background Check with Vulnerable Sector Screening	First Aid / CPR	First Aid Certification Number (if applicable)	First Aid Expiry Date (if applicable)

Number of students for each supervisor: _____

HEALTH AND SAFETY

- Is the activity considered high risk? YES NO
- Does the activity involve water activities? YES NO
- Does Ophea have any safety standards pertaining to your trip? YES NO
- Which Ophea safety standard(s) is/are applicable? _____
- I have read and understand the OPHEA standard(s) pertaining to the trip? YES N/A
- Ophea safety standards have been consulted and are attached? YES N/A
- Parental consent and medical forms will be completed and carried with a supervisor? YES NO
- If required, completed forms for the Administration of Health Services and/or Prescribed Medication (Board Procedure 315 and form F315-1) and Emergency Allergy (or Medication) Protocol Forms will be carried with supervisor (Board Procedure 316 and Form F316-3) YES N/A
- If required, the Health and Safety training module pertaining to the administration of medication has been completed YES N/A
- Staff, students, parents/guardians will be made aware of the RCDSB Code of Conduct. YES NO

School Activities
Budget Planning & Authorization Form
Excursions/Field Trips/Tournaments

1. The form must be completed and submitted to the Principal for **approval prior** to any communication to parents/students and any final bookings take place for an excursion where school activity money will be collected.
2. All trips must recover all costs unless funded by the school including cost of supply teacher(s).

Date of Activity: _____

Description of Activity: _____

Coordinator of Activity: _____

Expenses to be Paid		Budget (to be completed by Coordinator)	Actual (to be completed by Office Staff)	Notes
Accommodation	# of Rooms ____ \$ per Room ____			
Admission	# of Tickets ____ \$ per Ticket ____			
Bussing	Company:			
Gas				
Parking	# of Vehicles ____ \$ per Spot ____			
Rental Vehicle	# of Vehicles ____ \$ per Vehicle ____			
Supplies				
Supply Coverage	____ required ____ not required			
Other				
A: Total Expenses				

Funds to be Collected		Budget (to be completed by Coordinator)	Actual (to be completed by Office Staff)	Notes
Fundraising	Category:			Transfer Complete <input type="checkbox"/>
School Budget	GL:			
Other				
Other				
From Students	# of Students ____ \$ per Student ____			
B: Total Funds Collected				

Actual Total (A minus B)

Shortfall to be funded from: _____

Surplus to be used to fund (or refunded if greater than \$10/student): _____

Date _____ Principal: Authorization to Proceed _____ Date _____ Principal: Reconciliation Completed _____

* Final School Cash Category Report Attached