

FORM 260-4B	
SECTION: EDUCATIONAL PROGRAMS & MATERIALS	
Adopted/Original Date of Issue	2004
<input checked="" type="checkbox"/> Last Reviewed <input checked="" type="checkbox"/> Revised	2023
Next Review Date	2028
Contact	Superintendent – Program Services

INTERNATIONAL EXCURSION PLANNING FORM

TRIP

Destination: _____ Days out of School: _____

Date of Departure: _____ Date of Return: _____

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
N/A	N/A	N/A	1 supervisor for 6 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.

Number of students for each supervisor: _____

Excursion involving both male and female students have at least one (1) male and one (1) female supervisor. YES NO

Is the activity considered high risk? YES NO

Does the activity involve water activities? YES NO

Does OPHEA have any guidelines pertaining to your trip? YES NO

Which OPHEA guideline(s) is/are applicable? _____

I have read and understand the OPHEA guideline(s) pertaining to trip? YES N/A

OPHEA guidelines 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 Administrative Procedure 315 and form F315-1) and Emergency Allergy (or Medication) Protocol Forms will be carried with Supervisor (Board Administrative Procedure 316 and Form F316-3). YES N/A

Staff, students, parents/guardians will be made aware of the RCDSB Code of Conduct. YES NO

Contingency Plan

The Principal and teacher in charge shall ensure that an appropriate contingency plan is part of every high-risk or overnight excursion. A copy of the plan is to be given to all Supervisors to be taken on the excursion and a copy left with the Principal/designate. Contingency plans shall be formulated for each aspect of the excursion, shall be shared with parents/guardians, students and the transportation provider.

Contingency plans should be appropriate considering the degree of isolation of the event from the school. An appropriate contingency plan should include aspects of the recognition of potential emergencies, training and preparation, response during the emergency, and communication plans. An appropriate contingency plan shall ensure that those supervising the event are familiar with relevant administrative procedures.

RCDSB

School: _____ School Telephone: _____

Principal: _____ Principal Mobile Phone: _____

Vice-Principal: _____ Vice-Principal Mobile Phone: _____

DESTINATION(S)

Destination: _____ Date: _____ Contact Number: _____

Destination: _____ Date: _____ Contact Number: _____

Destination: _____ Date: _____ Contact Number: _____

Destination: _____ Date: _____ Contact Number: _____

Destination: _____ Date: _____ Contact Number: _____

EMERGENCY SERVICES

Emergency Services	Contact Information
Ambulance, Police, Fire	911
Air or Water Evacuation (for remote destinations)	

SUPERVISION

Supervisor	Contact Number	Criminal Background Check with Vulnerable Sector Screening	First Aid/CPR
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Supervisor	First Aid Certification Number (if applicable)	First Aid Expiry Date (if applicable)	Additional Qualifications to Meet or Exceed Requirements (if applicable)

Informed Consent/Permission Form for Education Trips for High-Risk Excursions

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

_____ is arranging _____ on _____
(school) (activity) (date)

ELEMENTS OF RISK

Educational activity programs such as _____ involve certain elements of risk. Injuries
(activity)
may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury that may result from participating.

1. _____
2. _____
3. _____

The risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault of the student or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaging in the activity.

If you choose to participate in _____ on _____
(activity) (date)
you must understand that you bear the responsibility for any injury that might occur.

The Renfrew County District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. It is strongly recommended that you purchase Student Accident Insurance, particularly if you do not have a benefit plan through your work, to cover damage, loss and expense sustained in the event of an accident. For additional information on Student Accident Insurance, please go to the following website www.studyinsuredstudentaccident.com or call 1 (833) 560-0527.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student

Signature of Parent/Guardian or Student if 18

PERMISSION

I give _____ permission to participate in _____ to
(name of student) (activity)

to be held on _____
(date)

Signature of Parent/Guardian or Student if 18

FINANCIAL

This form must be completed and submitted to the Principal for approval prior to the excursion where school activity money will be collected from students, staff, parents, community or others and a final summary submitted upon return.

All trips must recover all costs unless funded by the school including cost of supply teacher(s).

	BUDGET (Note 1)	ACTUAL (Note 2)	NOTES
	Calculated Amount to be Collected	Amount Collected	
FUNDS TO BE COLLECTED:			
Collection from students (detailed listing on back)			
Collection from staff (detailed listing on back)			
Collection from parents (detailed listing on back)			
Fundraising			
School Contribution			
Other (provide details on back)			
A. Total Funds to be Collected			
EXPENSES TO BE PAID:			
Accommodation (provide # of rooms and price per room)			
Parking (provide # of vehicles parked and price per spot)			
Transportation (provide # of vehicles and price per vehicle)			
Gas			
Tickets (provide # of tickets and price per ticket)			
Supplies			
Other (provide details on back)			
B. Total Expenses to be Paid			
SURPLUS (SHORTFALL) FUNDS (A minus B)			
SHORTFALL TO BE FUNDED FROM ...			
SURPLUS WILL BE USED TO FUND ...			

Note 1: BUDGET column to be completed prior to seeking Principal’s authorization for activity and prior to any communication being sent home to parents.

Note 2: ACTUAL column to be completed following the completion of the activity and submitted with original receipts attached to the School Office (Office Manager or Head Secretary).

Principal: Authorization to Proceed

Date

Principal: Reconciliation Closed

Date

APPENDIX – DETAILED LISTING OF MONEY BEING COLLECTED

Student/Staff/Organization Name	Budget (Note 1)	Actual (Note 2)		Notes	Student's Initial (Note B)	
	Amount Collectible (\$)	Amount Collected (\$)	Date Collected	Type of Collection (C=Cash; Q=Cheque)		Explanation if Not Collected (Note A)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						

Note A: The Principal is the only person who holds the authority to waive fees payable where there is a demonstrated case in accordance with Board procedures.

Note B: Agree to amount of money collected.

Principal: Authorization to Proceed

Date

Form History

Approved:	2004; November 2019; March 2023
Reviewed:	2019; March 2023
Revised:	2019; March 2023