

| FORM 260-5 | |
|--|-----------------------------------|
| SECTION: EDUCATIONAL PROGRAMS & MATERIALS | |
| Adopted/Original Date of Issue | 2004 |
| <input checked="" type="checkbox"/> Last Reviewed <input type="checkbox"/> Revised | 2023 |
| Next Review Date | 2028 |
| Contact | Superintendent – Program Services |

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.

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: _____

SUPERVISION

| 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) |
|------------|----------------|--|--|--|---------------------------------------|
| | | 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"/> | | |

EMERGENCY SERVICES

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

Form History

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