Section

SCHOOLS AND STUDENTS

1.0 Guidel ines

- 1.1 The Field Trip Approval Form will be approved by the Principal prior to the departure date and prior to commencing any organized activities related to the trip. (Refer to Appendices A and B.)
- 1.2 It is the responsibility of the Principal to ensure that the teacher in charge of the field trip has the necessary knowledge, experience, and qualifications, and that suitable supervision and safety measures are provided. (Refer to Appendix C)
- 1.3 The Principal, in consultation with the teacher and the parent/guardian, may exclude a pupil from participating in a particular trip, and will provide an alternative program at the school.
- 1.4 Supervisors must have available a list of all participants, names and addresses of persons to be contacted in an emergency, health card numbers, and medical concerns for each participant. Completion of the Extended Field Trip Medical Information Form is required for each participant and these forms should be safe guarded. The original will be retained at the school and a copy carried by the supervisor.
- 1.5 If there are known anaphylactic students participating on a field trip, the Principal or designate will ensure that supervisors are aware of the procedures outlined in Board Policy 524 Sabrina's Law (Anaphylaxis).
- 1.6 When attending athletic/outdoor events, the provisions of the Ontario Physical Education Association (OPHEA) guidelines will be followed.

2.0 Procedures

- 2.1 Classroom Extensions Regular Curriculum
 - 2.1.1 On school property,
 - a) Notify the Principal or designate (oral notification may be sufficient).
 - 2.1.2 Field trip/Excursions beyond school property,
 - a) May include. jogging, cross-country skiing, or golfing during the regular physical education classes or stream studies as part of the regular science curriculum),
 - b) Requires a Field Trip Approval Form. Principal approval is required (see Appendix A)
- 2.2 Field Trips / Extended Field Trips (out of Board's geographical jurisdiction) and Co-curricular Activities
 - 2.2.1 Field trips taking place within the Board 's jurisdiction and beyond regular school day hours, but not overnight,
 - a) Requires an Extended Field Trip Approval Form. Principal approval is required (see Appendix B).
 - b) Final arrangements should include the following:

- x A written notification to students and parents/guardians outlining details of the proposed trip and clearly specifying projected costs
- x Obtaining written consent for each student's involvement from each student's parent/guardian, or from the student if he/she is at least eighteen years of age.
- x Providing an itinerary for each participant where applicable.
- x Providing a written statement of expectation (i.e. expected conduct, etc.) of participants.
- x First Aid, Safety and Emergency Procedures
- 2.2.2 The school's annual budget will reflect those out-of-school activities which incur costs.
- 2.2.3 Extended field trip 17j 0.543[(TBDC0.9(er)n(l5((i)-6.6e3(l)2.6s,)4. .6(w)1 (ef)-1(l)27

- 3.3.1 Invite parents and volunteers to participate in field studies where appropriate.
- 3.3.2 For extended excursions hold preliminary meetings to inform parents of your plans. Follow-up open houses provide students with opportunities to display their accomplishments. Films and slide shows are excellent in this regard.
- 3.3.3 Keep the press informed. Provide photographs of newsworthy activities. Enlist the press's cooperation in covering the educational aspects of the program rather than just the "human interest" aspects.
- 3.3.4 In planning field trips that return later than normal school closing time, teachers are reminded to use consideration since many students have after-school responsibilities which must be rearranged. Advance notice to parents containing the day's itinerary and anticipated time of return is essential.
- 3.4 Expectations

3.5 Financing

3.51.

Occasionally, students may be asked to arrange their own transportation to and from a field trip/extra-curricular/co-curricular activity.

Only students who possess a valid driver's license and written permission from a parent/guardian, are permitted to drive themselves to and from a field trip/extra-curricular/co-curricular activity. Licensed students shall not be permitted to drive other students to and from a field trip/extra-curricular/co-curricular activity under any circumstances.

If a Board employee does not organize transportation to and from a field trip/extra-curricular/co-curricular activity, it will be the responsibility of the student participants to arrange a method of transportation to the field trip/extra-curricular/co-curricular activity. Any driver, in this case, would not be required to produce a current criminal background check since they were not specifically asked to volunteer to drive by an employee of the Board.

LIST OF APPENDICES

APPENDIX A: Field Trip Approval Form

APPENDIX B: Extended Field Trip Approval Form

APPENDIX C: Basic Swimming / Canoeing Water Safety Test

APPENDIX D: Field Trip/Excursion Medical Information Form

FIELD TRIPS AND EXCURSIONS MANAGEMENT GUIDELINES

FIELD TRIP APPROVAL FORM

School:	
<u>1.0</u>	Trip Description
1.1	Purpose of Trip (Curricular relevance):
1.2	Destination:
13	Departure Date:
1.4	Return Date:
1.5	Purpose:
<u>1.6</u>	Brief Description of Partici

APPENDIX B

SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD FIELD TRIPS AND EXCURSIONS MANAGEMENT GUIDELINES $\underline{\mathsf{EXTENDED}} \ \mathsf{FIELD} \ \mathsf{TRIP} \ \mathsf{APPROVAL} \ \mathsf{FORM}$

School:	<u>_</u>	
<u>1.0</u>	Trip Description	
1.1	Purpose of Trip (Curricular Relevance):	
1.2	Destination:	
1.3	Departure Date:	
1.4	Return Date:	

12 Hemlo Drive – Postal Bag A Marathon, ON P0T 2E0 Phone: (807) 229-0436 / 1-888-604-1111 Fax: (807) 229-1471

APPENDIX C

BASIC SWIMMING / CANOEING WATER SAFETY TEST

A.

SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD

12 Hemlo Drive – Postal Bag A

Marathon, ON POT 2E0

Phone: (807) 229-0436 / 1-888-604-1111 Fax: (807) 229-1471

APPENDIX D

FIELD TRIP/EXCURSION MEDICAL INFORMATION FORM

SCHOOL:		-				
NAME OF STUDENT:		HOME PHONE:				
DATE OF BIRTH:		_ HEALTH	HEALTH CARD #:			
ADDRESS:			POSTAL CODE:			
PARENT/ GUARDIAN Father			WORK PHONE:			
Mother EMERGENCY CONTACT (if a	above not available):	_ WORK	PHONE:			
MEDICAL INFORMATION:		- PHONE	:			
NOTE TO PARENTS: An ann		•				
2. Is your son/daughter aller	ANdical examination:	edications?	 Yes	No		
Is your son/daughter curre If yes, provide details:	ently taking any medication	or drugs for whice	ch a prescription	n is required	? Yes No	
4. Does your son/daughter we	ear glasses?	Yes	No	<u> </u>		
5. Does your son/daughter wear a hearing aid?		Yes	No	_		
6. Does your son/daughter wear contact lenses? Yes			No	_		
7. Does your son/daughter we	ear a medical alert bracelet	or necklace?	Yes	_ No		
8. Has your son/daughter had	I or have now, any of the fo	llowing?				
Anaphylaxis Y	/es No	Diabete	S	Yes	_ No	
Arthritis/Rheumatism Y	/es No	Epilepsy	/	Yes	_ No	
Asthma Y	/es No	Chronic	Nose Bleeds	Yes	_ No	
Headaches Y	/es No	Heart Tr	ouble	Yes	_ No	
If yes to any of the above, or a	any physical condition whic	h may impact ac	tivities, please p	orovide detai	ils:	

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ave read the above information and agree that it can be made available alified medical personnel, if necessary.	to	
nature of Parent/Guardian	<u>Date</u>	
gnature of Student	Date	