

HRSB Trip Policy B.014 (Form B – Overnight Trips)

All trips must be sanctioned by the principal prior to any planning and fundraising.



School: _____

Destination: _____

In Province

Out of Province

Out of Country

Participants: _____

(i.e. grade, team)

Dates of Trip (d/m/y): _____

Number of School Days (Maximum 3): _____ Total # of Days: _____

Specific Travel Arrangements: _____

Specific Accommodations: _____

- If students are being billeted, please contact supervisor and provide detailed information on a separate page.

Financial Information - Total Cost: _____ Cost per Student: _____

Supervision Ratio: _____ : _____

of Students

of Chaperones

Policy
Supervision
Ratios:

	Grades 3-6	Grades 7-9	Grades 10-12
Field Trip Overnight	5:1	10:1	12:1
Camping	5:1	7:1	10:1
Canoe Trip	5:1	6:1	8:1
Skiing/Snowboarding	8:1	8:1	8:1

- Will this trip involve physical activities? Yes No
- If Yes, is the activity covered through SIP? Yes No
- Does the activity adhere to the EECD Physical Education Safety Guidelines? Yes No
- Does this trip involve watercraft? Yes No If Yes, check box if vendor approved by SIP?

Name of person responsible for first aid: _____

Certification expiry date: _____

Name of Teacher in Charge on the trip: _____

Name(s) of other teachers on the trip: _____

**Policy Timelines re.
Submission of Form B**

**Trips within Canada
due 3 months prior.**

**Trips outside Canada
due 6 months prior.**

Names of Other Chaperone(s):

Names	Criminal Record Check	Child Abuse Registry	Expiry Dates Confirmed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Have you reviewed trip expectations with chaperones and students? Yes No
- Has SAC been informed of this trip? Yes No
- Date of meeting(s) with Parent(s)/Guardian(s): _____
- Have Emergency Communication Procedures been explained to Parent(s)/Guardian(s)? Yes No
- Please Attach:
 - Copy of Consent Form
 - Curriculum Outcomes
 - Detailed Itinerary
- Has the Missing Student Protocol been reviewed with Principal? Yes No

Signatures:

Teacher in Charge on Trip

Date

Principal

Date

**Once completed, this form and all attachments should be forwarded to School Administration Supervisor.
Please adhere to policy timelines. A copy should be filed at school.**

For School Administration Department

Date Received: _____

- Does the time frame of submission of Form B adhere to policy? Yes No
- Are all categories above cleared and confirmed according to policy? Yes No

Notes: _____

School Admin Supervisor's signature
indicating completion: _____