



Springfield Collegiate Institute

Kevin Doell, Principal
Carol Blocker, Assistant Principal
SCI_Administration@sunrisesd.ca

To Whom it May Concern,

September 5th, 2024

We are writing a letter to request the approval in principle for an out of country hockey tournament. We would like to go to a high school hockey tournament in Tampa, Florida, January 15-20th, 2025. We have included a higher care field trip form that will be fully completed as the trip is planned.

In the past, our team has traveled to various out of town tournaments and the trips went very well. The tournaments were great team builders and a wonderful experience for the students on and off the ice.

We thank you in advance for your consideration and support.

Sincerely,

Severyn Wojcik
Coach, SCI Hockey Team





IJOA-E4

HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM

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SCHOOL NAME: Springfield Collegiate

TEACHER IN CHARGE:Severyn Wojcik			
PHONE:204-444-2404	FAX:	EMAIL:swojcik@sunrisesd.ca	
DESTINATION:Tampa Florida			
DATE:January 15-20th	DEPARTURE TIME:tbd	RETURN TIME:tbd	
AREA OF STUDY:Extra Curricular - Hockey	PURPOSE OF TRIP:Hockey Tournament		
GRADE LEVEL:10-12	# OF STUDENTS:20	# OF MALE:20	# OF FEMALE:0

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Teacher in Charge: Severyn Wojcik	Staff	M
Other Supervisor: (*if not identified at this time, include with planning form)		
Other Supervisor: Carol Blocker	Staff	F
Other Supervisor: TBD		
TOTAL NUMBER OF SUPERVISORS:3	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply):		ESTIMATED COST OF TRIP:
METHOD: <input type="checkbox"/> Walking <input type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input checked="" type="checkbox"/> Charter bus <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): Flight	DRIVER: <input checked="" type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources): Fundraising, (\$1400 per student after fundraising)
		EQUAL ACCESS FOR ALL STUDENTS ASSURED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		SPECIAL NEEDS ADDRESSED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		CONTINGENCY PLAN (if trip cancelled, if student does not go): Classes as usual

EDUCATIONAL VALUE
Goals and/or Student Learning Outcomes: Extra Curricular Trip
Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card): Hockey, Sightseeing
Student preparation (e.g., re: knowledge, skills, attitudes, fitness): Practice
Follow-up activity(ies) that will occur: none



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SAFETY GUIDELINES

I have reviewed Sunrise procedures and the *YouthSafe Manitoba: Field Trip Safety for Schools (2004)*: Yes No

SAFETY PLAN

Main activities are:

Hockey, Sightseeing

Safety issues – include what can reasonably be expected in these activities, specific risks:

Risks with air travel, bus travel, hoceky related risks, common risks when travelling

Plans to address: safety procedure in place, head counts, buddy system used

VOLUNTEER PLAN

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

Background Check Reference Check Criminal Records Check Child Abuse Registry Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

SUPERVISION PLAN

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant:

Buddy system, indirect supervision, head counts

EMERGENCY PLAN

Contingency kit(s) carried (stocked and accessible) (check all that apply):

First Aid Repair Survival

Emergency communications technology carried (check any and all that apply):

Cell phone Satellite phone Radio (VHF, UHF) Family Radio Service (FRS) None Other (specify): _____

Name of Primary First Aider: Severyn Wojcik Certification Held: First Aid/CPR

Name of School Contact Available 24/7: Severyn Wojcik Phones: (H) _____ (W) 204-444-2404 (S) 204-223-4075

ATTACHMENTS CHECKLIST (check all that apply and attach to this form):

- | | |
|---|--|
| <input type="checkbox"/> Program/Activity/Trip Plan | <input type="checkbox"/> Parental Consent and Acknowledgement of Risk Form |
| <input type="checkbox"/> Itinerary Card | <input type="checkbox"/> Volunteer Consent and Acknowledgement of Risk Form |
| <input type="checkbox"/> Assessing Teacher/Leader Competency Form | <input type="checkbox"/> Student Transportation in Private Vehicles by Staff or Other Volunteers |
| <input type="checkbox"/> Parent/Guardian Correspondence | <input type="checkbox"/> Service Provider Master Agreement and/or Contract |

Other (specify): _____



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EVALUATION

Criteria for success of field trip:

Feedback after trip. Team bonding, healthy relationships formed.

Process to determine success:

Reflect on the trip

Name of Teacher in Charge (please print): Severyn Wojcik	Date (year/month/day) 2024 / 09 / 05	Signature 
Name of Principal (please print): Carol Blocker	Date (year/month/day) 2024 09 / 06	Signature 
Additional approval (as needed; specify and please print):	Date (year/month/day) / /	Signature



HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM

HIGHER CARE/EXTENDED FIELD TRIP CHECKLIST

√ = Met
 X = Not Met
 ? = Need More Information
 - = Not Applicable



Met	Criteria
<input type="checkbox"/>	The group appears adequately prepared for the trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
<input type="checkbox"/>	Information to be given parents/guardians is appropriate for the type/duration of trip
<input type="checkbox"/>	Parental/guardian consents are collected (e.g., consent to attend, consent to secure medical treatment)
<input type="checkbox"/>	Relevant student health and medical information is secured from parents
<input type="checkbox"/>	Additional insurance needs addressed, if relevant (e.g., out of province medical, hospital care) (contact <u>MSBA</u>) <i>*STUDENTS, STAFF and VOLUNTEERS MUST obtain additional insurance coverage for USA/international trips (ALL out-of-Canada trips). This information is on file at the school. <input type="checkbox"/>YES <input type="checkbox"/>No</i>
<input type="checkbox"/>	Budget and financial arrangements are appropriate
<input type="checkbox"/>	Transportation arrangements are acceptable (type of vehicle, type of driver) and parental/guardian consent is secured
<input type="checkbox"/>	Special needs issues are addressed
<input type="checkbox"/>	Number and gender(s) of supervisors and supervision plan are appropriate for group, activities and sites/areas <i>Higher Care Day or Extended Care Trips – Recommended Ratio: Grade 5-8 students 1:10; Grade 9-12 students 1:15</i>
<input type="checkbox"/>	If the trip is overnight, accommodations arrangements are acceptable, (e.g., hygiene, security)
<input type="checkbox"/>	The safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
<input type="checkbox"/>	Emergency plan is in place to deal with injured/ill/lost/stranded participant(s) (e.g., training, kits, communications equipment, EMS access, back-up transportation)
<input type="checkbox"/>	There is an alternative contingency plan(s) if the trip/part of the trip can't happen
<input type="checkbox"/>	Destination contact and phone number is provided, e.g., outdoor centre, camp, local authority(ies)
<input type="checkbox"/>	There is a list of documents the teacher will carry (e.g., trip plan, permits, passenger manifestos, medical conditions and emergency contacts of participants)
<input type="checkbox"/>	The office will receive a copy of finalized trip plan, signed consent forms, passenger manifestos and names of no-shows



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Comments:

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Name of Principal (please print): Carol Blocker	Date (year/month/day) 2024 / 09 / 06	Signature 
Additional approval (as needed; specify and please print):	Date (year/month/day) / /	Signature

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended: April 25, 2019	Board Motion(s):
Procedure: IJOA	Guidelines: IJOA-R	Exhibit: IJOA-E1, IJOA-E2, IJOA-E3, IJOA-E5, IJOA-E6, IJOA-E7