

HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM

HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM

SCHOOL NAME: Springfield Collegiate

TEACHER IN CHARGE: Greg Crowe			
PHONE:204-296-0213	FAX: 204-444-2533	EMAIL: gcrowe@sunrisesd.ca	
DESTINATION: Kansas City, MO, USA			
DATE: April 11-15, 2025	DEPARTURE TIME: 6:15AM (4/11)	RETURN TIME: 5:00PM (4/15)	
AREA OF STUDY: High School Band	PURPOSE OF TRIP: To perform, partake in clinics and visit The American Jazz Museum in Kansas City.		
GRADE LEVEL: 9-12	# OF STUDENTS: 49	# OF MALE: 15	# OF FEMALE: 24

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Teacher in Charge: Greg Crowe	Staff	M
Other Supervisor: Kevin Doell	Staff (Admin)	M
Other Supervisor: Tara Powell	Volunteer	F
Other Supervisor: Lindsay Reid	Volunteer	F
TOTAL NUMBER OF SUPERVISORS: 3	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable): Brandon Bus Lines	SP CONTACT PERSON: Brett Campbell	SP PHONE:204-571-0231

TRANSPORTATION (check all that apply):		ESTIMATED COST OF TRIP: Full budget can be found <u>HERE</u> : https://docs.google.com/spreadsheets/d/1R_bd97Y4uJ0w2vOF58SC0kQpqSRyDdED/edit?usp=sharing&oid=112058628644173742360&rtpof=true&sd=true	
METHOD:	DRIVER:	SOURCES OF FUNDING (i.e., cost/student, other sources):\$850	
<input type="checkbox"/> Walking	<input checked="" type="checkbox"/> Professional driver		
<input type="checkbox"/> School-owned bus/van	<input type="checkbox"/> Volunteer driver		
<input type="checkbox"/> Public transport	(staff/other supervisor)	EQUAL ACCESS FOR ALL STUDENTS ASSURED:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Charter bus	<input type="checkbox"/> Volunteer driver	SPECIAL NEEDS ADDRESSED:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Rental van	(student)	ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> By service provider	Other (specify): _____	CONTINGENCY PLAN (if trip cancelled, if student does not go):	
Other (specify): _____		None – trip would be cancelled. Regularly-scheduled classes.	

HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM**EDUCATIONAL VALUE**

Goals and/or Student Learning Outcomes:

Goals and/or Student Learning Outcomes: Students will become better musical performers, increase cooperation and social skills while gaining an understanding of how music is a valuable and enjoyable life-long skill

Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card):

Click [HERE](#) for proposed itinerary:

<https://docs.google.com/document/d/1AF59sBIX6IHDFt7gkttGUy0SfMwOVH-9/edit?usp=sharing&oid=112058628644173742360&rtpof=true&sd=true>

Student preparation (e.g., re: knowledge, skills, attitudes, fitness):

Students are prepared through day to day instruction. Much attention is paid to positive attitude, respect, teamwork and musical skill as pertaining to the Music Curriculum outcomes.

Follow-up activity(ies) that will occur:

Debriefing activities are fundamental to this educational endeavor. Students will be involved in a review and analysis of the performance through recordings and/or written adjudication. Students will self-critique and provide examples of how to improve both as a group and individually.

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<p>SAFETY GUIDELINES</p> <p>I have reviewed Sunrise procedures and the <i>YouthSafe Manitoba: Field Trip Safety for Schools (2004)</i>: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SAFETY PLAN</p> <p>Main activities are: Performances and clinics at UMKC</p> <p>Safety issues – include what can reasonably be expected in these activities, specific risks: Transportation on chartered bus - Injuries related to vehicle crashes on route to and from activity area.</p> <p>Plans to address: I will brief chaperones as to all medical concerns with students. Some matters covered in THIS DOCUMENT that I share with all chaperones.</p>
<p>VOLUNTEER PLAN</p> <p>Process to identify volunteer candidates:</p> <p>Volunteer screening processes (check any and all that apply):</p> <p><input type="checkbox"/> Background Check <input type="checkbox"/> Reference Check <input checked="" type="checkbox"/> Criminal Records Check <input checked="" type="checkbox"/> Child Abuse Registry</p> <p>Check Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):</p> <p>Briefing done by Greg Crowe before the trip begins.Meeting is scheduled for Monday, January 22, 2025.</p>

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:

Students will be under constant supervision. Buddy system is in place at all times as student safety is of utmost concern. Head counts and attendance checks constantly.

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: Greg Crowe _____ Certification Held: Emergency First Aid CPR / AED C _____

Name of School Contact Available 24/7: **Kevin Doell** Phones: (W) 444-2404 (H) 266-2320 (C) 204-266-1414


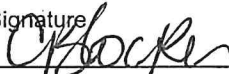
ATTACHMENTS CHECKLIST (check all that apply and attach to this form):	
<input type="checkbox"/> Program/Activity/Trip Plan <input checked="" type="checkbox"/> Itinerary Card <input type="checkbox"/> Assessing Teacher/Leader Competency Form <input type="checkbox"/> Parent/Guardian Correspondence	<input checked="" type="checkbox"/> Parental Consent and Acknowledgement of Risk Form <input checked="" type="checkbox"/> Volunteer Consent and Acknowledgement of Risk Form <input type="checkbox"/> Student Transportation in Private Vehicles by Staff or Other Volunteers <input type="checkbox"/> Service Provider Master Agreement and/or Contract
Other (specify): _____	

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EVALUATION

Criteria for success of field trip: Students are well-behaved and respectful and perform at a level satisfactory to expectations set by the instructors and the students' personal goals.

Process to determine success: Anecdotal adjudication, performance recording, group and self-evaluation.



Name of Teacher in Charge (please print): Greg Crowe	Date (year/month/day) 2024/Jun/26	Signature 
Name of Principal (please print): Carol Blocker	Date (year/month/day) 2024, Sept. 14	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 checked="" type="checkbox"/>	The group appears adequately prepared for the trip (e.g., knowledge, skills, attitudes, fitness, clothing, equipment)
X	Information to be given parents/guardians is appropriate for the type/duration of trip
X	Parental/guardian consents are collected (e.g., consent to attend, consent to secure medical treatment)
X	Relevant student health and medical information is secured from parents
X	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 checked="" type="checkbox"/>	Budget and financial arrangements are appropriate
<input checked="" type="checkbox"/>	Transportation arrangements are acceptable (type of vehicle, type of driver) and parental/guardian consent is secured
-	Special needs issues are addressed
?	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 checked="" type="checkbox"/>	If the trip is overnight, accommodations arrangements are acceptable, (e.g., hygiene, security)
<input checked="" type="checkbox"/>	The safety plan is appropriate (i.e., procedures for managing the key inherent risks of the activities, environments and participants)
<input checked="" 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 checked="" type="checkbox"/>	There is an alternative contingency plan(s) if the trip/part of the trip can't happen
<input checked="" type="checkbox"/>	Destination contact and phone number is provided, e.g., outdoor centre, camp, local authority(ies)
<input checked="" 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 checked="" 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:

Name of Teacher in Charge (please print): Greg Crowe	Date (year/month/day) 2024/June/26	Signature 
Name of Principal (please print): Carol Blocker	Date (year/month/day) 2024, Sept, 4	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

**HIGHER CARE/EXTENDED DETAILED
FIELD TRIP PLAN FORM**

HIGHER CARE/EXTENDED DETAILED FIELD TRIP PLAN FORM

Take a copy of these forms on the trip and leave one with your school contact.

NAME OF TRIP OR DESTINATION: Band Trip to Kansas City, MO, USA

DATE(S): _____

KEY CONTACT NAMES		PHONE NUMBERS (WORK/HOME/CELL)
Teacher in Charge: Greg Crowe		444-2404/237-8087/296-0213
Principal: Kevin Doell		444-2404/266-2320/266-1414
Assistant Principal: Carol Blocker		444-2404/n/a/791-6921
Other Trip Supervisor: Kevin Doell		444-2404/266-2320/266-1414
Other Trip Supervisor:		
Other Trip Supervisor:		
Other Trip Supervisor:		/ /
ASSISTANTS/VOLUNTEERS		
Competencies (i.e., what relevant key knowledge, skills, fitness and experience will the assistants/volunteers bring?)		
NAME	COMPETENCIES	
Lindsay Reid	Years of parenting experience, guidance, supervision	
Tara Powell	Years of parenting experience, guidance, supervision	
Other staff and volunteers briefed re: logistics, roles/responsibilities/duties, expectations, safety plan and emergency plan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Beyond general group supervision, note specific roles/responsibilities/duties of each person below:		
SUPERVISOR'S NAME	ROLES/RESPONSIBILITIES/DUTIES	
Greg Crowe		
Chaperones	Responsible for itinerary and all aspects of supervision with the assistance of the volunteers.	
	Supervising	
STUDENTS NOT ATTENDING	ALTERNATIVE ARRANGEMENTS/ASSIGNMENTS FOR THESE STUDENTS	
	Students attend regularly scheduled classes.	
	Students will go through debrief with attending students upon return.	
NO-SHOWS AT DEPARTURE	FOLLOW-UP ON THESE STUDENTS BY SCHOOL	
	Greg Crowe will contact parents and follow-up	

HIGHER CARE/EXTENDED DETAILED FIELD TRIP PLAN FORM

Parental/Guardian Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments: To be completed closer to the departure date.			
Volunteer Consent, Acknowledgement of Risk and Health/Medical forms collected, reviewed to ensure complete and any questions clarified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments: to be completed closer to the departure date.			
Other supervisors and service providers apprised of medical conditions they should know about and appropriate response: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All trip supervisors aware of location of forms and copies left with school contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
TRANSPORTATION			
Appropriate mode of transportation and driver(s) available for group: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/guardian approval of mode of transportation sought: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Driver(s) briefed re: route and safety expectations (see <u>YouthSafe Manitoba</u> guide) : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
EQUIPMENT/SUPPLIES (attach gear list and complete the following)			
Group equipment checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deficiencies addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student clothing/equipment checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deficiencies addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
First aid, repair & survival kits checked: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Deficiencies addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ACCOMMODATIONS ARRANGEMENTS (e.g., hotel/motel, hostel)			
DATE OF ARRIVAL	LOCATION (city, town)	NAME OF ACCOMMODATION	PHONE NUMBER
April 10, 2025	Kansas City, MO	Holiday Inn Express - 8601 Hillcrest Rd, Kansas City MO	816-822-7000
April 14	Egan, MN	Holiday Inn Express - 3000 Eagandale Pl, Eagan, MN	651-688-3343
BUDGET - Full budget can be found by clicking HERE: https://docs.google.com/spreadsheets/d/1R_bd97Y4uJ0w2vOF58SC0kQpqSRyDdED/edit?usp=sharing&ouid=112058628644173742360&rtpof=true&sd=true			
EXPENSES		SOURCE(S) OF FUNDING and AMOUNTS	
Transportation: See full budget link above (or attached)		School Budget: See full budget link above (or attached)	
Food/meals: See full budget link above (or attached)		Fundraising (specify): Individual student accounts via SMA/SMPA	
Accommodations: See full budget link above (or attached)		Fee/student: Remained after fundraising monies	
Service Providers: Brandon Bus Lines https://www.brandonbuslines.com/		Other (specify):	
Fees/licenses: see above link		Other (specify):	
Other (specify): see above link		Other (specify):	

**HIGHER CARE/EXTENDED DETAILED
FIELD TRIP PLAN FORM**

WEATHER FORECAST				
For trips of outdoor nature only (i.e., ski trips) and recognizing that local patterns can be different and longer term forecasts are less reliable				
	DAY 1	DAY 2	DAY 3	DAY 4
Low/High Temp.	TBD	TBD	TBD	TBD
Wind Speed/Direction	TBD	TBD	TBD	TBD
Precipitation Type/Amount	TBD	TBD	TBD	TBD

If required for outdoor activities:
SITE/AREA INVESTIGATION (from pre-visit, review of maps, guidebooks, talking to local authorities, etc.).
 Comment on results of investigation (e.g., suitability for group and objectives, can be phone contact):

For out of country trips, be sure to do a bi-weekly review of www.voyage.gc.ca/consular_home-en.asp

WINTER ROAD CONDITIONS REPORT (if required: from CAA, RCMP or other reliable source):

If required for outdoor activities:
OTHER LOCAL CONDITIONS REPORT (e.g., from Parks office or other reliable source. May include snow report, water levels, wildlife warnings, etc., as relevant.):

SAFETY PLAN
 (Some of this may be addressed on the Trip Proposal Form or Itinerary Card. **Use this table if additional space is needed to identify other strategies/techniques to be employed to manage risks**).
 Copy relevant info from the *Trip Leadership Resource*.

POTENTIAL KNOWN HAZARDS	STRATEGIES TO REDUCE THESE HAZARDS
Swimming	We will be traveling with several certified lifeguards

EMERGENCY PROCEDURES
 Procedure if a participant is ill or has a non-life threatening injury:

EMERGENCY CONTACTS

TYPE OF EMERGENCY SERVICE	AGENCY	PHONE NUMBER
Search and Rescue	911	
Medical	911	
Fire	911	
Police	911	

NAMES AND LOCATIONS OF NEAREST MEDICAL FACILITIES

**HIGHER CARE/EXTENDED DETAILED
FIELD TRIP PLAN FORM**

(Distinguish appropriately where there are changes at different points along the trip):


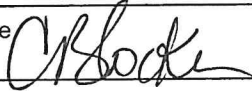
North Kansas City Hospital - 2800 Clay Edwards Dr, North Kansas City, MO 64116, United States

M Health Fairview Urgent Care - **3305 Central Park Commons Dr, Eagan, MN 55121, United States**

OTHER RELEVANT INFORMATION

**HIGHER CARE/EXTENDED DETAILED
FIELD TRIP PLAN FORM**

Comments:

Name of Teacher in Charge (please print): Greg Crowe	Date (year/month/day) 2024/06/26	Signature 
Name of Principal (please print): Kevin Doell	Date (year/month/day) 2024/09/05	Signature 
Additional approval (as needed; specify and please print):	Date (year/month/day)	Signature

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: IJOA	Guidelines: IJOA-R	Exhibit: IJOA-E1, IJOA-E2, IJOA-E3, IJOA-E4, IJOA-E6, IJOA-E7



IJOA-E6

**HIGHER CARE/EXTENDED FIELD TRIP PARENT/GUARDIAN
CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

**HIGHER CARE/EXTENDED FIELD TRIP PARENT/GUARDIAN
CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

SCHOOL NAME: Springfield Collegiate

To the Parent(s)/Legal Guardian(s) of: _____ Homeroom: ___N/A___
Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.
If this form is not signed and returned to the school by **Monday, April 7, 2025**, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP: **Band Trip to Kansas City and Minneapolis**

DATE(S): **Apr 11-15, 2025**

SERIES OF OFF-SITE ACTIVITIES (specify program): **Performances, clinics, workshops, concerts and museum visits at UMKC and The American Jazz Museum in Kansas City, MO, USA.**

TEACHER IN CHARGE: **Greg Crowe**

PHONE: **204-444-2404**

EMAIL: **grcrowe@sunrisesd.ca**

SUNRISE SCHOOL DIVISION RESPONSIBILITIES

The division will make every reasonable effort to ensure that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. The equipment to be used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Response Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: Injuries related to vehicle crashes on route to and from activity area; becoming lost or separated from the group or the group split up; injuries related to slips, trips and falls; injuries related to collisions with movable (e.g., other swimmers) or immovable objects (e.g., pool wall); injuries related to equipment malfunction or becoming tangled in apparatus (e.g., buoy line); hypothermia due to remaining in cool/cold water too long; psychological injury due to anxiety or embarrassment (e.g., re: body size or shape); allergic reactions to natural substances in the outdoor environment (e.g., bee or wasp stings); drowning or near drowning; head or spinal injury related to diving into shallow water; and other risks normally associated with participation in the activity and environment



**HIGHER CARE/EXTENDED FIELD TRIP PARENT/GUARDIAN
CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: **Charter Bus** By: **Brandon Bus Lines**
 I accept this mode of transportation for this activity: Yes No
 If no, specify alternative: _____

2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.

3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to their participation.

4. My child has been informed that they are to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors and supervisors over all phases of the program/activity.

5. In the event my child fails to abide by these rules and regulations, arrangements could be made to have them sent home at my expense.

6. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect their participation.

7. I acknowledge that the division may choose to cancel the trip if travel conditions are dangerous or deemed unsafe (for whatever reason, e.g., weather, health advisory). I accept that the division will not be liable for any costs associated with such a cancellation.

8. I consent that the division, through its employees, agents and officers, may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

9. Based on my understanding, acknowledgement and consents as described herein, I agree that (name of student) _____
 _____ has my permission to participate in the **KANSAS CITY BAND TRIP** field trip/program on **APRIL 11-15, 2025**

Date: _____ Name (please print): _____ Signature: _____

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Carries EpiPen? Yes No Carries Ana-Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns: _____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Does your child currently have an Individual Health Care Plan (IHCP) with Sunrise School Division? Yes No

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: IJOA	Guidelines: IJOA-R	Exhibit: IJOA-E1, IJOA-E2, IJOA-E3, IJOA-E4, IJOA-E5, IJOA-E7

