



HIGHER CARE/EXTENDED FIELD TRIP PROPOSAL FORM

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SCHOOL NAME: ÉCOLE DUGALD SCHOOL

TEACHER IN CHARGE: <u>JULIANNE ALEXANDER</u>			
PHONE:	FAX:	EMAIL: <u>jalexander@sunrisesd.ca</u>	
DESTINATION: <u>CAMP MANITOU</u>			
DATE: <u>June 13, 2024 - June 13, 2024</u>	DEPARTURE TIME: <u>9:30 am</u>	RETURN TIME: <u>3:30 p.m.</u>	
AREA OF STUDY: <u>French Culture and Community</u>		PURPOSE OF TRIP: <u>ENGAGEMENT OF FRENCH, EXPERIENTIAL LEARNING</u>	
GRADE LEVEL: <u>6</u>	# OF STUDENTS: <u>36</u>	# OF MALE: <u>13</u>	# OF FEMALE: <u>23</u>

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Teacher in Charge: <u>JULIANNE ALEXANDER</u>	<u>S</u>	<u>F</u>
Other Supervisor: (*if not identified at this time, include with planning form) <u>MADDY STE-MARIE</u>	<u>S</u>	<u>F</u>
Other Supervisor: <u>TBD</u>	<u>V</u>	<u>F x 3</u>
Other Supervisor: <u>TBD</u>	<u>V</u>	<u>M x 2</u>
TOTAL NUMBER OF SUPERVISORS: <u>7</u>	<u>1</u> <u>1</u>	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply):		ESTIMATED COST OF TRIP: <u>\$ 250.00 per student</u>
METHOD: <input type="checkbox"/> Walking <input checked="" type="checkbox"/> School-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider Other (specify): _____	DRIVER: <input 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): <u>Cost to student, Fundraising an option if parents agree to organize it.</u>
		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		CONTINGENCY PLAN (if trip cancelled, if student does not go): <u>STUDENT WILL JOIN A GRADE 6 CLASSROOM</u>

EDUCATIONAL VALUE Goals and/or Student Learning Outcomes: <u>Apply language skills, create community, outdoor education, student leadership and independence.</u> Activity(ies) that will occur (or include on attached Program/Activity/Trip Plan and/or Itinerary Card): <u>See attached</u> Student preparation (e.g., re: knowledge, skills, attitudes, fitness): <u>Students will participate in Camp meeting to go over expectations and preparations, a list will be provided.</u> Follow-up activity(ies) that will occur: <u>Classes will debrief and write about their adventures in their writing journals</u>
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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: *Archery, Zipline, Rock Climbing, Low Ropes, Mountain Bikes, Swimming (lifeguard), Kayaking*
 Safety issues – include what can reasonably be expected in these activities, specific risks: *Injury related to projectile arrows, fall, scrapes and bruises related to rock climbing, trip and fall, injuries related to falling off a bike, drowning and other injury related to swimming, slipping on wet surfaces, concussion, sunburn, insect bites*
 Plans to address: *Ensure all activities follow mross guidelines, most activities facilitated by trained camp staff, safety rules and equipment; lifeguards on duty.*

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):
Volunteers will attend a meeting with school supervisors to discuss plans and address concerns.

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:
head counts, buddy system
Students will be divided into TEAMS, each TEAM will be led by an adult supervisor for the duration

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: _____ Certification Held: _____
 Name of School Contact Available 24/7: *Julienne Alexander* Phones: (H) *204-961-0292* (W) _____ (S) *204-853-7929*

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:

Process to determine success:

Name of Teacher in Charge (please print): <i>JULIEANNE ALEXANDER</i>	Date (year/month/day) <i>2023 / 12 / 15</i>	Signature <i>(Alexander)</i>
Name of Principal (please print): <i>CHRIS GUSBERTI</i>	Date (year/month/day) <i>2023 / 12 / 15</i>	Signature <i>(Gusberti)</i>
Additional approval (as needed; specify and please print): <i>Jody Wilgoh</i>	Date (year/month/day) <i>23 / 12 / 21</i>	Signature <i>(Wilgoh)</i>



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√ = 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)
<input checked="" type="checkbox"/>	Information to be given parents/guardians is appropriate for the type/duration of trip
<input checked="" type="checkbox"/>	Parental/guardian consents are collected (e.g., consent to attend, consent to secure medical treatment) <i>Following parent meeting</i>
<input checked="" type="checkbox"/>	Relevant student health and medical information is secured from parents <i>Following parent info. meeting</i>
<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> <i>N/A</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
<input checked="" type="checkbox"/>	Special needs issues are addressed
<input checked="" 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 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



IJOA-E4

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Comments:

Name of Teacher in Charge (please print): <i>JULIANNE ALEXANDER</i>	Date (year/month/day) <i>2023 / 12 / 15</i>	Signature <i>[Signature]</i>
Name of Principal (please print): <i>CHRIS GAUSBERTI</i>	Date (year/month/day) <i>2023 / 12 / 15</i>	Signature <i>[Signature]</i>
Additional approval (as needed; specify and please print): <i>Jody Wittgen</i>	Date (year/month/day) <i>23 / 12 / 21</i>	Signature <i>[Signature]</i>

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

