

Educational Field Trip Information and Approval Form

School: _____

This form should be submitted a minimum of thirty (30) days prior to departure. In order to provide adequate time for consultation and / or clarification the form should ideally be in as follows:

- A. Canada – 60 days before the trip;
- B. United States – 90 days before the trip; and
- C. Outside Canada and United States – six months before the trip.

Teacher in Charge: _____

1. Trip Description

Purpose of Trip	
Curricular Relevance	
Destination	
Departure Date / Time	
Return Date / Time	
Number of Students: Grades: Genders Total #:	
Names of Supervisors Total #:	

Where male students are included, it is required that at least one male supervisor accompany the group. Where female students are included, it is required that at least one female supervisor accompany the group.

2. Transportation and Accommodation

<p><u>Types of Transportation to be used throughout the trip: Include:</u></p> <ul style="list-style-type: none"> • <u>For departure</u> • <u>On Location</u> • <u>Return</u> 	
<p><u>Types of Accommodation throughout the duration of the trip.</u></p>	

3. Safety Requirements:

<p>Students / Parents/Guardians must complete Medical and Consent Forms</p>	<ul style="list-style-type: none"> ○ Medical Forms provided and completed ○ Consent Forms provided and completed
<p>Prevalent Medical Conditions</p>	<ul style="list-style-type: none"> ○ A list of students with prevalent medical conditions is attached ○ Contact with each student with a prevalent medical condition parent/guardian has been made to review the prevalent medical safety plan ○ The prevalent medical condition safety plan(s) are attached ○ A copy of the “grab and go” emergency plan is attached
<p>Student Support Plans and IEPs</p>	<ul style="list-style-type: none"> ○ Awareness of Student Support Plans and IEPs
<p>Specify safety requirements / supplies to be considered</p>	

There must be one teacher or supervisor or instructor on-site at all times with current Red Cross Standard First Aid qualifications, St. John Ambulance Standard First Aid, or the equivalent.

4. Finances

<u>Estimated Expenditures</u>	
• Travel	
• Meals	
• Accommodation	
• Supply Teacher Costs	
• Additional (please specify)	
<u>TOTAL</u>	

<u>Source of Funds</u>	<u>Amount Requested or Anticipated</u>	<u>Amount Approved of Actual</u>
Ontario Young Travelers		
Participant Contribution # of participants x \$		
Fundraising (specify methods)		
Other (specify)		
Lakehead District School Board Fund		
Totals		

Name of Teacher Supervisor Signature:

Date:

Principal Approval Signature:

Date:

Superintendent Approval Signature:

Date:

Please Attach Itinerary