DAY FIELD TRIP APPROVAL FORM

School Name:
Teacher in Charge:
Destination:
Itinerary Included: Yes / No
Number of Students:
Number of Supervisors:
Number of Staff:
Number of non Staff Supervisors / Volunteers:
Grade / Attendees:
This form is to be approved by the principal of the school a minimum of seven (7) days prior to the day field trip.

Will this excursion occur with any other LDSB school at the same time?

□ YES If so, please list which school(s) and lead supervisor

□ NO

Type of Educational Excursion

- □ Within Walking Distance, Low Risk
- □ Requires Local Transportation, Low Risk
- □ Requires Local Transportation, Moderate Risk
 - Attach Form A Risk Assessment Checklist

EXCURSION DETAILS FOR DAY FIELD TRIP

Purpose of Trip (curricular relevance)	
Departure Date / Time	
Return Date / Time	
Coverage (including supervision required at school)	
Transportation Details	
School Bus	
□ City Bus	
Walking	
Personal Vehicle	
□ Other:	

Specific Safety Requirements to be considered

- Awareness of prevalent medical conditions
 A list of students with prevalent medical conditions is attached
- □ Copies of student "grab and go" emergency information sheet is attached
- Contact with parent/guardian (s) has been made and Prevalent Medical Conditions Safety Plan has been created
- Awareness of student support plans and IEPs
 Other Canadidatetians
- Other Considerations

Estimated Expenditures Outline Funds Required and Source Form F – Finance Form may be used

- Travel
- Ilavei
 Supply tooch
- Supply teacher costs
- Other
- Total
- 3. Funding Arrangements
 - 3.1 Direct Charge to Student(s) =
 - \$_____ per student x _____ no. of students =_____

TOTAL_____

Teacher	Principal	Superintendent
I am forwarding this day field	I have reviewed this Day	I have reviewed this Day
trip form for approval after	Field Trip approval form	Field Trip Approval Form
having considered all	and it meets the	and the Risk Assessment
elements listed in Procedure	requirements of Policy	Checklist included.
6021 including the Risk	6021 and Procedure 6021	Approved
Assessment Checklist, if	and the risk assessment	Not Approved
applicable	checklist that follows.	
Signature:	Signature:	Signature:
-	-	
Date:	Date:	Date: