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 of the school a minimum of prior to the day field trip.				
Will this excursion occur with any other LDSB school at t	he 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:				

Appendix D to 6021 Day Field Trip Procedures

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 Considerations 	
Estimated Expenditures Outline Funds Required and	
Source	
Form F – Finance Form may be used	
Travel	
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 trip form for approval after having considered all elements listed in Procedure 6021 including the Risk Assessment Checklist, if applicable	I have reviewed this Day Field Trip approval form and it meets the requirements of Policy 6021 and Procedure 6021 and the risk assessment checklist that follows.	I have reviewed this Day Field Trip Approval Form and the Risk Assessment Checklist included. Approved Not Approved Only needed in event activity is deemed high risk*
Signature:	Signature:	Signature:
Date:	Date:	Date: