

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 <input type="checkbox"/> School Bus <input type="checkbox"/> City Bus <input type="checkbox"/> Walking <input type="checkbox"/> Personal Vehicle <input type="checkbox"/> Other:	

<p>Specific Safety Requirements to be considered</p> <ul style="list-style-type: none"> <input type="checkbox"/> Awareness of prevalent medical conditions <input type="checkbox"/> A list of students with prevalent medical conditions is attached <input type="checkbox"/> Copies of student “grab and go” emergency information sheet is attached <input type="checkbox"/> Contact with parent/guardian (s) has been made and Prevalent Medical Conditions Safety Plan has been created <input type="checkbox"/> Awareness of student support plans and IEPs <input type="checkbox"/> Other Considerations 	
<p>Estimated Expenditures Outline Funds Required and Source</p> <p>Form F – Finance Form may be used</p> <ul style="list-style-type: none"> • 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.	<p>I have reviewed this Day Field Trip Approval Form and the Risk Assessment Checklist included.</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved</p> <p>* Only needed in event activity is deemed high risk*</p>
Signature:	Signature:	Signature:
Date:	Date:	Date: