



***This plan must be submitted to the school Principal at least 28 days prior to the trip.
This must be submitted to the Director of Programs & Services at least 21 days prior to the trip.***

Name of School: _____ Date of Trip: _____

Trip Leader (see Appendix A definition): _____

Trip Leader Email: _____

Proposed Trip Destination: _____

of students: _____ # of staff: _____ # of other chaperones: _____ Total # of Participants: _____

Trip Plan and Curriculum Connections:

Time	Activity	Curriculum Connection	Outcome- Students will...

- Attach trip itinerary with dates, times, activities and meals.
- Trip Leader has visited the site and deems it appropriate.
- Attach a list of names of students and chaperones, as well as emergency contact names and numbers.
- Include appropriate medical information if student(s) participating has/have identified medical condition(s).

Communication:

1. **School Site Contact Person** (see Appendix A definition):

Name: _____ **Work #:** _____

Cell #: _____ **Home #:** _____

Any changes in plans, schedules, and routes must be relayed to the School Site Contact Person immediately. This contact person must have lists of participants and emergency contact information. All parents must have the School Site Contact Person's contact phone numbers.

2. **Communication tools:**

Name and Phone # at destination site: (name): _____ (phone): _____

(Communication tools continued...)

Trip Leader's cell phone #: _____ Other cell phones (give names and #s): _____

Is there cell phone service in the area you are going? Yes No

Are you taking 2-way radios? Yes No

Is satellite phone available? Yes No
If yes, provide name _____ and # _____

Other: _____

3. Route Plan:

Date, Time and Place of Departure: _____

Date, Time and Place of Return: _____

Method of Transportation to and from site: _____

Details of intended/method Route of Travel throughout the event:

As appropriate, attach maps and coordinates.

Accommodation Arrangements: _____

Route plan must be left with School Site Contact Person and also other appropriate agencies (Dept. of Natural Resources, RCMP, Search & Rescue, etc.) along with itinerary of each day. Any changes related to the route of travel must be conveyed to the School Site Contact Person immediately.

4. **Qualification/Experience of Leaders** (may be recorded in a Log Book detailing certifications, training, experience and dates that could be shared with principal to provide due diligence):

Risk Management Plan:

Please consider the following risks and emergency procedures for your adventure education trip. **As a professional this is the most important part of your planning.** You must ensure your competence in dealing with the following potential risks. Be prepared to discuss this section further with the Adventure Education Consultant. In the following, where suitable, please consult the appropriate activity resource.

(Risk Management Plan continued...)

Have you considered and created emergency procedures for the following potential risks?

- WEATHER
- LIGHTENING
- WATER CONDITIONS
- HYDRATION
- TRANSPORTATION
- TERRAIN CONDITIONS
- SCHOOL EQUIPMENT
- PARTICIPANT EQUIPMENT/GEAR/CLOTHING
- PARTICIPANT LEVEL OF FITNESS
- MEDICAL CONDITIONS
- EXPERIENCE & SKILLS (students: are they ready and able)
- EXPERIENCE & SKILLS (staff/chaperones)
- GROUP DYNAMIC (cohesiveness)
- NATURE OF THE ACTIVITY

Yes, I have considered and created emergency procedures for the above potential risks:

Name: _____ Date: _____
(signature of teacher/staff member in charge)

After consultation with the staff and reviewing the trip plan, I consider the above an appropriate adventure education activity and approve it.

Approved by:

Date

Principal's signature

Date

Director of Programs and Services signature

Reviewed by:

Date

Adventure Education Consultant's signature

Date

Director of Finance & Operations signature