

HRSB Trip Policy B.014 (Form A – Day Trips)



School: _____ Date of Trip (d/m/y): _____

Destination: _____

Participants: (i.e. grade, team) _____

Financial Information - Total Cost: _____ Cost per Student: _____

Time: _____ to _____
Departure Return

Supervision Ratio: _____ : _____
of Students # of Chaperones

Policy Supervision Ratios:	Grades P - 2	Grades 3-6	Grades 7-9	Grades 10-12
Field Trip	5:1	8:1	15:1	15:1
Skiing/Snowboarding	N/A	8:1	8:1	8:1
Canoe Trip	N/A	5:1	6:1	8:1

Does this trip involve Watercraft? Yes No If Yes, check box if vendor approved by SIP?

Name of Teacher in Charge on the Trip: _____

Name of Person Responsible for First Aid (for trips involving physical activity): _____

Names of Chaperones:	Criminal Record Check	Child Abuse Registry	Expiry Dates Confirmed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you reviewed trip expectations with chaperones and students? Yes No

Please Attach: Copy of Consent Form Curriculum Outcomes

Has the Missing Student Protocol been reviewed with Principal? Yes No

Signatures:

 Teacher in Charge on Trip

 Date

 Principal

 Date

Once completed, this form should be filed at school.

Revised January 2015