

**MOOSONEE DISTRICT SCHOOL AREA BOARD**

**Request for Excursion Approval by Principal**

**[The principal approves same-day and regular, ongoing excursions within the community.]**

Moosonee Public School: Teacher in Charge: \_\_\_\_\_

Date of Application for the Excursion: \_\_\_\_\_

Grade /Class: \_\_\_\_\_ Destination: \_\_\_\_\_

Date and Time of Departure from School: \_\_\_\_\_

Date and Time of Return to School: \_\_\_\_\_

Excursion itinerary and activities:

Curricular relevance of the excursion:

Arrangements for assignments and classes missed by participants, if any:

Arrangements to cover school supervisory duties of excursion staff:

Are any students excluded? Yes  No  Reason \_\_\_\_\_

Arrangements for non-participating students, if any:

**Supervision**

	<b>Name</b>	<b>Special Qualifications (if required)</b>
Teacher in Charge*		
Staff Supervisors		
Volunteer Supervisors		

\* If the teacher in charge is an occasional teacher, he or she must have knowledge of the students.

**Form ADMIN 215-01 Request for Excursion Approval by Principal page two**

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**Travel Arrangements**

Method of Travel: \_\_\_\_\_

Private vehicle (Staff driver)  Private vehicle (Volunteer driver)\*  Other \_\_\_\_\_

\*The principal must authorize the use of volunteer drivers.

**Financial Arrangements, if applicable**

Student cost: \$\_\_\_\_\_ Are the supervisor's costs included in the students' fees? Yes  No

Total cost per person: \$ \_\_\_\_\_  
To be paid by students: \$ \_\_\_\_\_  
To be paid by school/Board: \$ \_\_\_\_\_  
Fundraising/Subsidies/Sponsors: \$ \_\_\_\_\_

Deposit required: \$\_\_\_\_\_ Payable to: \_\_\_\_\_

**Medical and Contingency Procedures**

Does the teacher in charge have the necessary medical and emergency information?

Special student information \_\_\_\_\_  
Principal's telephone number \_\_\_\_\_  
Personal cell phone or satellite phone \_\_\_\_\_  
Emergency procedures information \_\_\_\_\_  
First-aid kit (if required) \_\_\_\_\_

What arrangements have been made for emergency situations?

**Special Accommodations** (if necessary):

**Requirements for Participants:** e.g., lunch, sunscreen, notebooks, special clothing

**Communication**

Date parent permission form to be distributed: \_\_\_\_\_

Last date to return permission form: \_\_\_\_\_

*The following must be submitted to the principal after excursion approval: Copy of letter to parents; any other related student/parent information.*

Teacher in Charge: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Principal: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

\*For office use only:

Distribution (after principal approval):  Teacher in Charge  Principal

**MOOSONEE DISTRICT SCHOOL AREA BOARD**

**[The Board must approve all excursions involving overnight stays or special circumstances. Approval must be obtained at least two months in advance of the excursion and prior to any notification of parents or students.]**

Moosonee Public School: Teacher in Charge: \_\_\_\_\_

Date of Application for the Excursion: \_\_\_\_\_

Grade /Class: \_\_\_\_\_ Destination: \_\_\_\_\_

Date and Time of Departure from School: \_\_\_\_\_

Date and Time of Return to School: \_\_\_\_\_

Excursion itinerary and activities: [Attach a detailed itinerary.]

Curricular relevance of the excursion:

Arrangements for assignments and classes missed by participants, if any:

Arrangements for non-participating students, if any:

Arrangements to cover school supervisory duties of excursion staff:

**Participants**

Total number of students involved: \_\_\_\_\_ Number of females: \_\_\_\_\_ Number of males: \_\_\_\_\_

Are any students excluded? Yes  No  Reason \_\_\_\_\_

**Supervision**

	Name	Gender	Special Qualifications (if required)
Teacher in Charge*			
Staff Supervisors			
Volunteer Supervisors			
Other			

\* \* If the teacher in charge is an occasional teacher, he or she must have knowledge of the students.

**Form ADMIN 215-02 Request for Board Approval of Excursion page two**

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**Travel Arrangements**

Method of Travel: \_\_\_\_\_

Private vehicle (Staff driver) \_\_\_\_ Private vehicle (Volunteer driver)\* \_\_\_\_ Other \_\_\_\_\_

\*The principal must authorize the use of volunteer drivers.

**Financial Arrangements**

Total cost of the trip: \_\_\_\_\_ [Details attached as needed.]

Student cost: \$\_\_\_\_\_ Are the supervisor's costs included in the students' fees? Yes  No

Total cost per person: \$\_\_\_\_\_

To be paid by students: \$ \_\_\_\_\_

To be paid by school/Board: \$ \_\_\_\_\_

Fundraising/Subsidies/Sponsors: \$ \_\_\_\_\_

[Describe contributions in detail.]

Deposit required: \$\_\_\_\_\_ Payable to: \_\_\_\_\_

**Insurance**

Describe liability insurance coverage, including coverage of third-party service providers, if applicable:

**Accommodations**

<u>Hotel, Motel, etc.</u>	<u>Date</u>	<u>Phone Number</u>	<u>Fax Number</u>

**Communication**

Describe communication plans if this request is approved by the Board:

How will parents and students be fully informed about the nature of the excursion?

Parent/Guardian letter (attached) \_\_\_\_\_ Parent meeting (attach meeting agenda) \_\_\_\_\_

Student meeting (attach agenda) \_\_\_\_\_

Date Parent permission form to be distributed: \_\_\_\_\_

Last date to return permission form: \_\_\_\_\_

**Form ADMIN 215-02 Request for Board Approval of Excursion page three**

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**Medical and Contingency Procedures**

Does the teacher in charge have the necessary medical and emergency information?

Special student information \_\_\_\_\_  
Principal's telephone number \_\_\_\_\_  
Personal cell phone \_\_\_\_\_  
Emergency procedures information \_\_\_\_\_  
First-aid kit (if required) \_\_\_\_\_

**Emergency Situations:** What arrangements have been made for emergency situations?

**Special Accommodations** (if necessary):

**Requirements for Participants:** e.g., special equipment, clothing

Teacher in Charge: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Principal: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Chair of the Board: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

\*For office use only: Distribution (after final Board approval):

Teacher in Charge  Principal  Supervisory Officer  Secretary of the Board

MOOSONEE DISTRICT SCHOOL AREA BOARD

High-Care Activity: \_\_\_\_\_

Date of Excursion: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

*High-Care Activities*  
“High-care activities” are those activities that involve increased risk and special safety considerations, and may include the following:

- risk of injury, including loss of limb or life;
- occur in or on the water;
- multiple risks, e.g., weather;
- require special qualifications or certification for supervision; or
- take place away from easy access to first aid.

*Exceptions:*

- timetabled physical education water activities
- travel on large water vehicles used for public transportation
- sports as a regular part of school athletics

Describe the nature of the high-care activity:

Outline any safety standards or certification and equipment required for the excursion:

Are special qualifications or certification required by the following?

- a) Teachers? Yes  No
- b) On-site instructors? Yes  No
- If yes, list them:

\* If on-site instructors have proper certification, the teacher does not require it.

What special preparations or qualifications are required of the participants? (For example, canoe trips require a swim test):

**Financial Arrangements**

Total cost of the trip: \_\_\_\_\_ [Details attached as needed.]

Student cost: \$\_\_\_\_\_ Are the supervisor’s costs included in the students’ fees? Yes  No

Total cost per person: \$\_\_\_\_\_

To be paid by students: \$\_\_\_\_\_

To be paid by school/Board: \$\_\_\_\_\_

Fundraising/Subsidies/Sponsors: \$\_\_\_\_\_

[Describe contributions in detail.]

Deposit required: \$\_\_\_\_\_ Payable to: \_\_\_\_\_

**Form ADMIN 215-03 Request for Board Approval of High-Care Activity page two**

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**Insurance:**

Describe plans for additional insurance for participants and staff if appropriate:

Describe liability insurance coverage, including coverage of third-party service providers, if applicable:

**Communication**

Describe communication plans if this request is approved by the Board:

How will parents and students be fully informed about the nature and risks of the excursion?

Parent/Guardian letter (attached) \_\_\_\_\_ Parent meeting (attach meeting agenda) \_\_\_\_\_

Student meeting (attach agenda) \_\_\_\_\_

Date Parent permission form to be distributed: \_\_\_\_\_

Last date to return permission form: \_\_\_\_\_

**Medical and Contingency Procedures**

Does the teacher in charge have the necessary medical and emergency information?

Special student information \_\_\_\_\_  
Principal's telephone number \_\_\_\_\_  
Personal cell phone \_\_\_\_\_  
Emergency procedures information \_\_\_\_\_  
First-aid kit (if required) \_\_\_\_\_

**Emergency Situations:** What arrangements have been made for emergency situations?

**Special Accommodations** (if necessary):

**Requirements for Participants:** e.g., special equipment, clothing

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Teacher in Charge: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Principal: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Chair of the Board: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

\*For office use only: Distribution (after final Board approval):

Teacher in Charge  Principal  Supervisory Officer  Secretary of the Board

**MOOSONEE DISTRICT SCHOOL AREA BOARD**

**Moosonee Public School**

**INFORMED CONSENT / PERMISSION FORM**

**This form must be read and signed by every student who wishes to participate in a school excursion and by a parent or guardian of the participating student.**

**To be completed at the school:**

Teacher in Charge: \_\_\_\_\_

Due Date for Return of this Form: \_\_\_\_\_

Student's Name: [Please print] \_\_\_\_\_

Destination:

Method of Transportation:

Agency/Company:

Elements of Risk to Transportation:

Place of Accommodation (if overnight):

Date and Time of Departure from School:

Date and Time of Return to School:

Supervisors:

Total Cost to Student:

**PURPOSE OF THE EXCURSION, CURRICULUM CONNECTIONS:**

**DESCRIPTION OF EXCURSION/ SPORTS ACTIVITY / ITINERARY:**



**SPECIAL ARRANGEMENTS FOR A HIGH-CARE ACTIVITY:**

**ELEMENTS OF RISK:**

The risk of injury exists in every school excursion. Due to the very nature of some activities, accidents are more likely to occur while participating in them. The safety and well-being of students is a prime concern and attempts are made to manage the foreseeable risks inherent in all excursions as effectively as possible. The activities listed below, and others, have inherent risks which are beyond the control of the Moosonee District School Area Board, its employees or agents, or the facility where the activity is taking place. Participants must assume the inherent risks of the activity and liability should an accident/incident occur. The chance of any injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Moosonee District School Area Board and/or Moosonee Public School do not provide accidental death, dismemberment, or medical expense insurance on behalf of the students participating in this activity.

**(Teacher: Please check the appropriate activity)**

The following list includes, **but is not limited to**, examples of the types of injury which may result from participating in one or more of the following sports activities on (Date) \_\_\_\_\_

- **Skating:** head injury; sprained or broken arm or leg; dental and other injuries from falling on ice
- **Cross-Country Skiing:** sprained or broken arm or leg; back injury; head injury
- **Snowshoeing:** sprained or broken arm or leg; injuries to ankles or feet; injuries from falling
- **Canoeing/Kayaking:** hand/arm strain; cold shock; drowning
- **Camping:** sunburn; insect bites/stings; strains and sprains; drowning if water activities are involved
- **Other:** (Teacher: Please specify and include examples of inherent risks)

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**ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

*I understand the details of this school excursion and the expectations of the school and Board. I hereby give permission for my child \_\_\_\_\_ to participate in this excursion.*

\_\_\_\_\_  
[Signature of parent/guardian]

\_\_\_\_\_  
[Date]

**Note: The parent must also complete Form ADMIN 215-05 Student Medical History.**

**NOTE:** Failure to complete, sign, and return this form by the due date constitutes denial of permission to participate in this school excursion.

### **RULES AND REGULATIONS FOR SCHOOL EXCURSIONS**

1. Students are expected to behave at all times in keeping with what is considered common courtesy and common sense. Students shall comply with the rules of the school and the requirements of the school's Code of Conduct and the provincial Code of Conduct.
2. Students are subject to the authority of the designated supervisors at all times and in all matters. The teacher is acting as the parent during the trip. All locations that the excursion visits are the "school" for the duration of the excursion and for the purpose of the school's authority.
3. Students shall take part in all activities that are planned for the group, unless by previous agreement of the parent and school.
4. The consumption of alcohol or the use of drugs is prohibited on all school trips.
5. Buses will leave at the times designated by the supervisors. It is unreasonable to ask buses to be held any longer than 15 minutes.
6. On overnight stays, students shall be available for room checks at the time designated by the supervisor(s).
7. The parent agrees that the teacher may require that the students' room, bags, etc., be made available for inspection where the teacher has reason to believe that any rule has been violated.
8. Parental permission for all trips will be necessary for all students.
9. Failure to comply with or breach of these rules will result in the student immediately being sent home at the parent's expense.

**Form ADMIN 215-05 Student Medical History page one**

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This form must be completed and signed by the parent or guardian of every student participating in overnight trips, school teams, or high-care activities. Some of the information requested may have to be obtained from your doctor or pharmacist.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Ontario Health Card No. \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Any other applicable Medical Coverage: \_\_\_\_\_ Card #: \_\_\_\_\_

**ALERT: If this student has a medical condition that requires special attention and consideration, please contact the appropriate teachers and/or coaches to discuss the medical condition.**

1. Does the student suffer from air-sickness, car-sickness, allergies, chronic bronchitis, heart disease, diabetes, epilepsy, or any other physical ailment?  Yes  
If yes, please describe in detail.

2. The student may require an injection of **epinephrine** in case of a severe allergic reaction.  Yes

**If yes, an epinephrine auto-injector with a current expiry date, as prescribed by a physician, must accompany the child at all times.**

3. Has the student undergone any surgery?  Yes  
If yes, please give details.

4. Is the student taking any kind of medication, including aspirin?  Yes  
If yes, please state the nature of medication, how administered, and number of times per day. An adequate supply must be provided for the duration of the trip.

5. Do you know of any reason that may prevent this student from participating in school trips?  Yes  
If yes, please give details.

6. Is the student prevented or not allowed to eat certain foods?  Yes  
If yes, please describe these food(s) in detail:

**Form ADMIN 215-05 Student Medical History page two**

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7. Is the student on any special diet?  
If yes, please provide details.

Yes

8. Is the student allergic to:  
Penicillin?  
Tetracycline?  
Sulpha Compounds?  
Any Other Drugs? (Please state):

Yes  
 Yes  
 Yes  
 Yes

9. Is the student dependent on glasses/contact lenses?  
State which:

Yes

10. Is the student allowed a blood transfusion?

Yes    No

11. Provide details of any other special considerations:

**PLEASE NOTE:**

If any of the above-stated information changes before the excursion commences or the sport season finishes, please notify the teacher in charge.

I hereby declare that this form has been correctly completed, and that I am fully responsible for the contents therein. In the event of a medical emergency, it is understood and agreed upon that the supervisor/teacher will take whatever action appears necessary until the parent/guardian can be contacted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Form ADMIN 215-06 Parent Consent for Walking Excursions**

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**MOOSONEE DISTRICT SCHOOL AREA BOARD  
Moosonee Public School  
INFORMED CONSENT / PERMISSION FORM**

Moosonee Public School arranges for regular curriculum-based excursions throughout the school year which require students to walk to destinations within the Moosonee area.

**This form must be read and signed by every student who participates in school walking trips and by a parent or guardian of the participating student. Signing this form provides acknowledgement and permission for walking trips occurring at any time throughout the school year.**

**ELEMENTS OF RISK:**

Educational activity programs such as walking trips involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, **but is not limited to**, examples of the types of injury which may result from participating in walking excursions:

1. Injuries from falls when walking on uneven terrain
2. Injuries from being struck by traffic
3. Injuries due to unforeseen weather conditions

The risk of injury exists in every school excursion. The safety and well-being of students is a prime concern and attempts are made to manage the foreseeable risks inherent in all excursions as effectively as possible. School walking trips have inherent risks which are beyond the control of the Moosonee District School Area Board, its employees or agents. Participants must assume the inherent risks of the activity and liability should an accident/incident occur. The chance of any injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. The Moosonee District School Area Board and/or Moosonee Public School do not provide accidental death, dismemberment, or medical expense insurance on behalf of the students participating in this activity.

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**ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

*I understand the details related to school walking trips and the expectations of the school and Board. I hereby give permission for my child \_\_\_\_\_ to participate in school walking trips during the school year.*

\_\_\_\_\_  
[Signature of parent/guardian]

\_\_\_\_\_  
[Date]