

Proposal for Higher Risk Activities

This form has been developed to help a teacher/leader articulate the details of an off-site experience that involves a higher care activity (e.g., outdoor pursuits with notable inherent risks) and/or environment (e.g., semi-remote to remote) and/or a travel excursion (e.g., out-of-province, international). Examples of off-site experiences where this form would be appropriate would include a backpacking trip, a daytrip to a local beach, an overnight science expedition to study geomorphology in a wilderness park, an exchange trip to Quebec, a school band performance tour to the United States, etc.

The regulations/guidelines in district off-site experience policies which are generally reflected in procedural forms used typically provide direction regarding:

- the administrative process,
- roles and responsibilities,
- expectations regarding access/eligibility of students for off-site experiences,
- trip planning/approval criteria, and
- other board requirements.

Once a teacher completes this form and submits it to the school principal and/or designate, the administrator should review it along with the attachments accompanying it. The Off-site Experience Checklist form contained in this file may help the reviewer determine if they have sufficient information about the trip and/or to identify areas that require clarification and/or additional planning.

Many districts require a second level of central review for outings that fall in this category, particularly for more extended outdoor expeditions or travel excursions. Consult board policy. Any deficiencies identified by the principal or designated school-level reviewer should be addressed before submission to the next level.

Most of the information needed to prepare for aspects such as equipment, facility, service providers, transport, supervision, instruction, and injury procedures, etc. is contained in the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences (Sections 3, 6, 7 and 8)* and the *Adventure Leadership Resource*.

Notes: The educational value of an off-site experience should include referencing of specific Student Learning Outcomes from the BC Curriculum. In addition, *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences* includes a comprehensive list of potential rationale for off-site experiences that may or may not be reflected in specific terms in the curriculum.

Curricular connections refer to elements from other relevant curricula. For example, journaling about an off-site activity may help the students meet one or more Language Arts outcomes, and their study of ecology of the flora and fauna in a local park explored may contribute to some of the stated outcomes in the Science curriculum.

PROPOSAL FOR HIGHER RISK ACTIVITIES

Form 260-05

LEAD TEACHER:			
PHONE:	FAX:	EMAIL:	
DESTINATION:			
DEPARTURE DATE:	DEPARTURE TIME:	RETURN DATE:	RETURN TIME:
AREA OF STUDY:	PURPOSE OF TRIP:		
GRADE/HOME ROOM:	# OF STUDENTS:	# OF MALE:	# OF FEMALE:

NAMES OF SUPERVISORS (Please print; add lines as needed):	Staff (S)/Volunteer (V)/Other (O)	GENDER: M/F
Lead teacher:		
Other Supervisor:		
Other Supervisor:		
Other Supervisor:		
TOTAL NUMBER OF SUPERVISORS:	/ /	
NAME OF SERVICE PROVIDER (SP) (If applicable):	SP CONTACT PERSON:	SP PHONE:

TRANSPORTATION (check all that apply)		ESTIMATED COST OF TRIP:
METHOD <input type="checkbox"/> Walking <input type="checkbox"/> Board-owned bus/van <input type="checkbox"/> Public transport <input type="checkbox"/> Charter bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Multifunction activity bus <input type="checkbox"/> Rental van <input type="checkbox"/> By service provider <input type="checkbox"/> Transport not provided; participants responsible for own Other (specify): _____	DRIVER <input type="checkbox"/> Professional driver <input type="checkbox"/> Volunteer driver (staff/other supervisor) <input type="checkbox"/> Volunteer driver (student) Other (specify): _____	SOURCES OF FUNDING (i.e., cost/student, other sources) EQUAL ACCESS FOR ALL STUDENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached SPECIAL NEEDS ADDRESSED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See attached ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: <input type="checkbox"/> Yes <input type="checkbox"/> No CONTINGENCY PLAN:

EDUCATIONAL VALUE
Goals and/or Student Learning Outcomes: Activity(ies) that will occur: Student preparation (e.g., re: knowledge, skills, attitudes, fitness): Follow-up activity(ies) that will occur:

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SAFETY GUIDELINES

I am familiar with relevant board policies, district procedures and the *YouthSafe Outdoors: Safety First! Guidelines for BC School Off-site Experiences*:

Yes No

SAFETY PLAN

Attach a **Detailed Trip Plan** and **Risk /Analysis Management Plan** and **Labeled Map**:

Environment (e.g., weather, terrain/site, wildlife):

Activity (e.g., transportation, outdoor pursuits/aquatic specific):

Group (e.g., clothing, equipment, water, food, behaviour):

PRE-TRIP SKILL BUILDING & PREPARATION

(Briefly describe the pre-trip skills students, volunteers and teachers will participate in to be best prepared for the activity/event – (eg. Kayak pool session, day hike with gear, gear checks, school field snowshoe practice, swimming safety etc.)

SUPERVISION PLAN

Briefly describe the supervision processes to be used: e.g., large or small group setting(s); lead/sweep; head counts; buddy system; level of supervision (constant visual, on-site, in the area); other elements of supervision plan as relevant:

VOLUNTEER PLAN

Process to identify volunteer candidates:

Volunteer screening processes (check any and all that apply):

Background Check Reference Check Criminal Records Check

Volunteer briefing process re: their roles and responsibilities (e.g., briefing to be conducted when, where, how, by whom):

EMERGENCY PLAN

Contingency kit(s) carried (stocked and accessible) (check all that apply):

First Aid Repair Survival

Emergency communications technology carried/available (check any and all that apply):

Telephone Cell phone Personal Locator Beacon Satellite Phone Radio (VHF, UHF) Family Radio Service (FRS) None

Other (specify): _____

Name of Primary First Aider: _____ Current Certification Held: _____

Name of School Contact Available 24/7: _____ Phones: (H) _____ (W) _____ (C) _____

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ATTACHMENTS CHECKLIST (check all forms that will apply and attach blank copies to this form):	
<input type="checkbox"/> Form 260-08 Detailed Trip Plan	<input type="checkbox"/> Form 260-12 Volunteer Consent and Acknowledgement of Risk Form
<input type="checkbox"/> Form 260-09 Risk Analysis/Management Plan	<input type="checkbox"/> Form 260-02 Volunteer Driver Form
<input type="checkbox"/> Labeled Map	<input type="checkbox"/> Passenger List
<input type="checkbox"/> Form 260-10 Assessing Teacher/Leader Readiness Form	Other (specify): _____
<input type="checkbox"/> Form 260-06 Parent/Guardian Consent of Higher Risk Form	

<p>EVALUATION</p> <p>Criteria for success of off-site experience:</p> <p>Process to determine success:</p> <p>Completed Checklist for a Higher Care Activity attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Name of Lead Teacher (please print):	Date (year/month/day) / /	Signature
Name of Principal (please print):	Date (year/month/day) / /	Signature
Additional Approval (as needed) (specify name and title):	Date (year/month/day) / /	Signature

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Personal information contained on this form is collected under the authority of the *School Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.