

PROPOSAL for NORMAL RISK ACTIVITIES

Form 260-01

TRIP INFORMATION			SCHOOL:				
TRIP NAME:							
DESTINATION:							
DEPARTURE	DEPARTURE		RETURN		RETURN		
DATE: TIME:		DATE:		TIME:			
PURPOSE OF TRIP:		<u> </u>			# OF		
				STUDENTS:			
				# OF			
					ADULTS:		
SUPERVISION							
OUI LICTIOION	T		I				
NAMES OF SUPERVISORS (attach list if needed)		CONTACT PHONE # CONTACT EMAIL		CONTACT EMAIL AD	DDRESS		
LEAD							
TEACHER:							
OTHER SUPERVISOR:							
OTHER							
SUPERVISOR:							
PROGRAM PROVIDER:							
(if applicable);							
, , , ,				L			
TRANSPORTATION							
Check all that apply below:		ESTIMATED COST OF TRIP:					
METHOD	DRIVER	SOURCES OF FUNDING (i.e., cost / student, other sources):		ces):			
Walking	Professional driver						
Board owned vehicle	Volunteer driver (staff or	ALTEDALATIV	ALTERNATIVE ACTIVITY FOR NON PARTICIPANTO.				
Public transportation	,		ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: Yes No				
Charter bus	☐ Volunteer driver (student)	Details:					
☐ 15 Passenger van	Other (specify):						
Rental van	EQUAL ACCESS FOR ALL						
By service provider	STUDENTS:	TRIP CONTINGENCY PLAN (attach details if not enough space):					
Transport not provided	Yes No		, , , , , , , , , , , , , , , , , , ,				
(participants responsible for own) Other (specify):	See attached						
Curier (Specify).	See attached						
EDUCATIONAL VALUE							
Goals and / or Student Learning Outcomes:							
☐ Environmental Sustainability ☐ Indigenous Education ☐ Curriculum ☐ Physical Education ☐ Literacy ☐ Numeracy							
Community Connections Arts & Culture Other:							

SD 71 Comox Valley 2024 Page 1 of 2



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SAFETY GUIDELINES						
I am familiar with relevant, district Administrative Procedures and Board Policies: Yes No Administrative Procedures (i.e., APs 260-XX): https://www.comoxvalleyschools.ca/board-policies/ Board Policies: https://www.comoxvalleyschools.ca/board-policies/						
BRIEFLY DESCRIBE THE TRIP PLAN: (e.g., times, location, activity.) Add as an attachment if needed.						
EMERGENCY PLAN						
First Aid kit(s) carried (stocked and accessible) : Yes No Communication device: Yes No						
VOLUNTEER PLAN						
Volunteer screening processes (check all that apply): Criminal Record Check Volunteer Code of Conduct Form Suitability for activity Physical / health suitability Relevant experience						
SCHOOL ADMINISTRATOR ONLY BOX						
Criteria for success of off-site experience:						
Reviewed Normal risk activity checklist? Yes No						
Process to determine success:						
TRIP APPROVAL						
Name of Lead Teacher:	Date	Signature				
Name of School Administrator:	Date	Signature				

SD 71 Comox Valley 2024 Page 2 of 2