

Dear Parent/Guardian,
 _____ School is arranging a field trip to _____
 for grade _____ students on _____.

NOTE: This form must be read and signed by every student who wishes to participate and by a parent or guardian of the participating student.

ELEMENTS OF RISK

Educational excursions such as this may present various elements of risk as might various forms of related transportation. Accidents related to such activities may occur and cause injury to a student through no fault of the division transporters or a facility at which activities take place.

By choosing to participate in this excursion, the student is assuming the risk of an accident occurring. Risk can be reduced by carefully instructions and guidelines for activities included in this field trip.

The Pembina Trails School Division does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity. Obtaining adequate accident insurance is the responsibility of the participant and/or the parent(s)/guardian(s). Participants must bear the financial responsibility for any costs associated with an accidental injury.

POSSIBILITY OF CANCELLATION

Cancellation by the division would be a possibility in situations where travel is deemed unsafe. Such situations would include war, threat of terrorist attack, health hazard and/or natural disasters such as hurricanes, tornadoes, earthquakes, floods and dangerous weather conditions.

The advice of the Department of Foreign Affairs would guide the decision-making where foreign travel is being planned. Communication with the Department of Foreign Affairs would be through the superintendent's department.

In the event of the need to cancel the trip, the division would not be held liable.

POSSIBILITY OF DISMISSAL FROM EXTENDED FIELD TRIP

In the event of a dismissal for disciplinary reasons, parents will be responsible for the cost of the return trip and picking up the student upon return.

ACKNOWLEDGEMENT AND PERMISSION

We have discussed and understand these warnings.

| Student Signature | Date |
|-------------------|------|
| | |

| Parent/Guardian Signature | Date |
|---------------------------|------|
| | |

I give _____ permission to participate in the excursion sponsored by _____ School.

| Parent/Guardian Signature | Date |
|---------------------------|------|
| | |

This Notice of Intent is to be completed and signed by the school administrator, thus verifying that the requirements of Policy IJOA have been met. The signature of the Assistant Superintendent - Program indicates approval of the activity and permission to proceed with planning as per policy.

A. NOTICE OF INTENT

School: _____ Supervising Teacher: _____
 Grades Involved: _____ Date(s): _____ # of Students: _____
 Excursion Summary/Location: _____
 High-Risk/Limited Activities: _____

| Principal Signature | Date |
|---------------------|------|
| | |

| Asst. Superintendent Signature | Date |
|--------------------------------|------|
| | |

Principal's Comments: _____

 Admin Office Comments: _____

- Proceed with planning
- Detailed plans to be submitted by: _____
- Risk Management Plan(s) required by: _____

B1. DETAILED PLANS - ACTIVITY PLANNING CONSIDERATIONS

- Learning Objectives of the Planned Activities**
- Parent Information/Permission Form**
 - Purpose
 - Destination
 - Date/Departure/Return Time
 - Transportation Arrangements
 - Costs
 - Medical Information
 - Insurance Coverage
 - Meal Arrangements
 - Special Clothing/Equipment Needs
 - Informed Consent Agreement
- Supervision and Safety**
 - Child Abuse Registry Check
 - Student/Adult Ratio: _____
 - Certified First-Aider (current)
 - Risk Management Plan
 - Instructor Qualifications

B2. DETAILED PLANS - PROPOSED BUDGET

Expenses:

| | |
|------------------------------------|-----------------|
| Transportation | \$ _____ |
| Accommodation | \$ _____ |
| Meals (including paid by students) | \$ _____ |
| Admission Fees | \$ _____ |
| Miscellaneous | \$ _____ |
| Substitute Costs | \$ _____ |
| Total Expenses: | \$ _____ |
| Total Cost Per Student: | \$ _____ |

Revenue:

| | |
|---|-----------------|
| School-Based Funds | \$ _____ |
| School-Based Contribution to Sub Costs | \$ _____ |
| Division Contribution | \$ _____ |
| Student/Parent Contribution | \$ _____ |
| (including meals costs, other fees collected fundraising money, etc.) | |
| General Funds Contributed by Parent Support Organization/Parent Council | \$ _____ |
| Other Funding Sources | \$ _____ |
| (including Student Council funds, etc.) | |
| Total Revenue: | \$ _____ |