

Supervision Ratio Calculation Tool

	Factors to Assess	Low Risk	0 points	Moderate Risk	1 point	Higher Risk	2 points	Comments
Man-date	Educational value of the activity	High value		Some value		Limited value		
	Support of activity by parents/guardians	High support		Moderate support		Low support		
Leadership Factors	Teacher/leader (T/L) relevant knowledge	Very knowledgeable		Adequate knowledge		Limited knowledge		
	T/L relevant health and fitness	Very healthy/fit		Adequate health/fitness		Lim'd health/fitness		
	T/L relevant specific skills	Very skilled		Adequate skills		Limited skills		
	T/L relevant experience	>20 days/last 3 yrs.		5-19 days in last 3 yrs.		<5 days/last 3 yrs.		
	Capability of assistant leaders/chaperones	Very capable		Adequate capability		Limited capability		
Student Factors	Student age/grade	Senior Years		Middle Years		Early Years		
	Student relevant knowledge	Very knowledgeable		Adequate knowledge		Limited knowledge		
	Student relevant health and fitness	Very healthy/fit		Adequate health/fitness		Lim'd health/fitness		
	Student relevant specific skill	Very skilled		Adequate skills		Limited skills		
	Student relevant experience	>20 days/last 3 yrs.		5-19 days in last 3 yrs.		<5 days/last 3 yrs.		
	Student clothing / footwear adequacy	Good quantity/quality		Adequate quantity/quality		Lim'd quant./qual.		
	Student behavioral propensities	Mature		Adequate maturity		Immature		
	Presence of special needs students	None		1 special needs student		More than 1		
	Group equipment adequacy	Good quant./qual.		Adequate equipment		Limited quant./qual.		
	Emergency / first aid capacity (kit & skill)	Good quant./qual		Adequate quant./qual.		Lim'd quant./qual.		
Trip / Activity Specific Factors	Nature of the activity(ies)	Low inherent risk		Some inherent risk		Signif't inherent risk		
	Nature of the environment	Low inherent risk		Some inherent risk		Signif't inherent risk		
	Familiarity with site/area & similar areas	Very familiar		Some familiarity		Low familiarity		
	Duration of the outing	Day trip		Overnight		>2 days and 2 nights		
	Season (assuming Manitoba)	Sept.-Oct./May-June		Nov., Mar.-April		Dec.-Feb.		
	Anticipated weather	Mild/seasonal		Some concern		Cold/wet/stormy		
	External Communications Capacity	Immediate/reliable		Some concern(s)		Poor or unreliable		
	Time/distance from EMS arrival	<30 mins.		30 mins. - 2 hrs.		>2 hours		
				Subtotal				
							Moderate + High	
						Overall Risk Rating		

Assuming there are no more than three higher risk factors and none of the higher risk factors are extreme (e.g., severe weather, several immature and/or aggressive students), the table below can be used as a general guideline to help determine leader to student ratios. See notes following for qualifications.	Total Points	Overall Trip Risk Rating	Suggested Minimum Ratio*
	< 10	Low	1:20
	11-20	Moderate	1:15
	21-30	Higher	1:10 for Grade 4-12, excessive risk for K-3
	>30	Excessive for a school outing	Reduce risk factors or cancel

Note: This is a tool, not a precision measurement device. Use judgement and adapt as appropriate to the context at hand.

**LAKESHORE SCHOOL DIVISION
EXTRA-CURRICULAR TRANSPORTATION RECORD**

TO BE COMPLETED BY THE SCHOOL *(at least five days prior to transporting students)*

School /Pick up _____ Pick up Date _____

Destination /Address _____

Pick up time _____ Time Departing Destination _____

Return to School Time _____ Return to Compound Time _____

No. of Students _____ Grade _____ No. of Adults _____ **Total** _____

Supervising Teacher(s) _____

Comments/Information _____

Costs charged to _____ Field Trip _____ Band Trip _____
 _____ Sports Trip _____ Other (Please Specify) _____

Authorization (Principal) _____ Date _____

TO BE COMPLETED BY THE OPERATIONS DEPARTMENT

Assigned Driver _____ Bus # _____ Capacity _____

Copy sent to Principal _____ Date _____

Operations Supervisor

TO BE COMPLETED BY THE BUS DRIVER & RETURNED TO OPERATIONS DEPARTMENT

Odometer Reading a) End of Trip _____

b) Start of Trip _____

Trip Mileage (a - b) _____ Km.

Driver's Hours _____ Hrs.

Certified correct _____ (Driver's Signature)

Trip completed _____ (Teacher's Signature)

FOR DIVISION OFFICE USE ONLY

Mileage _____ Kms @ \$ _____ = \$ _____ CR 1-

Hours _____ Hours @ \$ _____ = \$ _____ CR 1-

Total = \$ _____

_____ - _____ = \$ _____ DR

Program Code School Code

Date Original to Division Office

Signature - Operations Supervisor

LETTER TO PARENT(S)

Dear Parents:

Prior to finalizing the details associated with a possible (extended/special/international) field trip that would involve your child, I would like you to be aware of the tentative plans and seek your response and recommendation regarding the proposed activity.

The attached information is preliminary, however, it should provide you with enough information to indicate your level of support for the activity.

This activity will only proceed to the next stage if there is parental support. If there is parental support, the planning will continue and school board approval requested. You will be kept informed of the details throughout the process. If there is not parental support, the planning will be discontinued.

Yours very truly,

(Signature of principal)

(Signature of teacher)

Dear Parents:

Date: _____

RE: FIELD TRIP PRELIMINARY PLANS

Purpose of the trip: _____

Destination _____ Departure _____

Date _____ Time _____

Return _____ No. of school days _____

Date _____ Time _____

Grade/Group Involved _____ No. of Students _____

No. of Chaperones _____ Mode of Travel _____

Estimated cost of Trip: Transportation _____ Accommodation _____

Meals _____ **Other** _____ **TOTAL** _____

Sources of Revenue: _____

TOTAL _____

Final Estimated cost *per student* \$ _____

Based upon the above information:

a) Are you in support of the organizers proceeding with the planning for this activity?

Yes _____ No _____

b) If the activity proceeds, are you prepared to cover the estimated cost?

Yes _____ No _____

c) If you are in support of this activity, what suggestions would you offer that would help to ensure it is highly successful?

Student's Signature _____

Date _____

Parent/Guardian Signature _____

Please return the completed question section to _____ by _____

Note: If this portion is not returned, it will be assumed you do not support the activity. If you require any additional information, please do not hesitate to contact

_____ at _____ Thank you for your response.

**LAKESHORE SCHOOL DIVISION
SPECIAL AND INTERNATIONAL FIELD TRIP REQUEST**

Application for School Board Authorization

Out of Province trips and/or trips that involve an overnight stay require prior authorization by the School Board.

The completed application form is to be submitted to the Superintendent a minimum of two weeks prior to the proposed trip and prior to the finalization of any arrangements associated with the trip.

School _____ Destination _____

Departure date _____ Return date _____ Number of School Days _____

Purpose of Trip

Grade/Group Involved _____ No. of Students _____

Mode of Travel: School Bus _____ Other (specify) _____

Name of Tour Co. (if applicable) _____

Estimated Cost of Trip

Transportation \$ _____

Accommodation \$ _____

Meals \$ _____

Other \$ _____

Total cost of trip \$ _____

Anticipated Sources of Funds

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of all revenue	\$ _____
Final actual cost per student	\$ _____

Staff Chaperones (names):

Itinerary (list or attach) _____

Accident & Travel Insurance Details _____

Follow-up plans and communication (after completion of the trip) _____

Signature - Principal

Date

WAIVER**NOTE TO PARENTS AND STUDENTS**

_____ School is arranging a field trip to _____
 for grade _____ students on _____.
Date

ELEMENTS OF RISK

International field trips may present various elements of risks as might various forms of related transportation including air flight. Accidents related to such activities may occur and cause injury to a student or students through no fault of the school board, a transporter or of a facility at which activities take place.

Participants must assume these risks.

THE LAKESHORE SCHOOL DIVISION DOES NOT PROVIDE ANY ACCIDENTAL DEATH, DISABILITY, DISMEMBERMENT OR MEDICAL EXPENSES INSURANCE ON BEHALF OF STUDENTS PARTICIPATING IN FIELD TRIPS.

ACKNOWLEDGEMENT

WE HAVE READ AND UNDERSTAND THESE WARNINGS.

Dated:

X _____ X _____
(Signature of Student) (Signature of Parent/Guardian)

PERMISSION

I GIVE _____
 permission to participate in the excursion sponsored by _____ School
 during _____

Dated: _____

Signature of Parent/Guardian X _____

APPENDIX F

Dear Parent(s)/Guardian(s):

On , , a downhill ski trip is scheduled for . We will be leaving at , and returning at approximately . The cost of the trip is as follows:

- Lift ticket and lesson
Rentals
Transportation & taxes

TOTAL COST

A canteen is available, however, it is suggested that students take a bag lunch. Only those students who display acceptable behavior and have permission of the teaching staff will be allowed to attend. Senior One students will have first priority then first pay/first go. Students with their own equipment will pay . If students want to rent snowboards it will be more money and they will pay . All students are expected to take a lesson unless excused by the ski instructor. Lessons are included in the price of the package. All students need to have some kind of insurance to go on the ski trip. This way ambulance costs are covered if needed. In addition, each student is responsible for his/her belongings. The school is not liable for lost articles (lockers available on site).

Sincerely,

Principal

Physical Education

_____ Student's Name

Has permission to attend the ski trip and has insurance (e.g. Reliable Life, Blue Cross) for _____

In the event of an injury, the supervisors are authorized to take any action deemed necessary for the well being of the student(s) concerned, including medical treatment and transportation home. The family shall pay costs associated with such action.

Parent/Guardian

9 digit

6 digit

Medical Numbers

SWIM TRIP PREPARTION CHECKLIST

Use the points below to guide your planning activities. Note that planning for your outing may well involve activities beyond those presented. Common sense and good judgement must prevail.

	<u>DONE</u>	<u>N/A</u>
IDENTIFY AN IN-CHARGE TEACHER	<input type="checkbox"/>	<input type="checkbox"/>
ARRANGE FOR TEACHER, LIFEGUARD & ADULT SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>
PRE-VISIT THE VENUE TO DETERMINE SUITABILITY	<input type="checkbox"/>	<input type="checkbox"/>
OBTAIN A LIST OF VENUE'S RULES	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVE CONCEPTUAL APPROVAL FOR SWIM EXCURSION FROM ADMINISTRATION	<input type="checkbox"/>	<input type="checkbox"/>
IF TRIP IS OUT-OF-PROVINCE, ORGANIZE SUPPLEMENTAL MEDICAL COVERAGE (AS REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>
BOOK DATE AND NUMBERS WITH VENUE	<input type="checkbox"/>	<input type="checkbox"/>
ARRANGE TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETE REQUIRED SCHOOL BOARD EXCURSION FORMS & SUBMIT FOR PROCESSING AS REQUIRED BY THE SCHOOL BOARD	<input type="checkbox"/>	<input type="checkbox"/>
COMPLETE PARENTAL LETTER AND INFORMATION PACKAGE WHICH SHALL INCLUDE STUDENT CLASSIFICATION INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>
SEND PACKAGE HOME FOR PARENTAL PERMISSION & SIGNATURE	<input type="checkbox"/>	<input type="checkbox"/>
COLLECT SIGNED PARENTAL PERMISSION FORMS FOR EACH STUDENT	<input type="checkbox"/>	<input type="checkbox"/>
ESTABLISH SWIM CLASSIFICATION GROUPS	<input type="checkbox"/>	<input type="checkbox"/>
ARRANGE FOR IDENTIFICATION BANDS OR RIBBONS TO BE USED BY STUDENTS WHILE THEY ARE AT THE VENUE	<input type="checkbox"/>	<input type="checkbox"/>
INFORM VENUE OF GROUP SIZES AND ABILITIES AND REQUEST NUMBER OF LIFEGUARDS REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>
INFORM VENUE THAT NO FLOTATION DEVICES OTHER THAN APPROVED P.F.D.'S ARE PERMITTED	<input type="checkbox"/>	<input type="checkbox"/>
SIGN FACILITY/VENUE AGREEMENT THAT DESCRIBES THE RULES AND RESPONSIBILITIES OF BOTH PARTIES	<input type="checkbox"/>	<input type="checkbox"/>
AFTER ALL OF THE ABOVE HAVE BEEN COMPLETED, MEET WITH STUDENTS TO DISCUSS & ESTABLISH: TEACHER/VOLUNTEER/STUDENT SUPERVISION. BEHAVIORAL EXPECTATIONS, GROUPINGS, SWIM REGULATIONS, SEATING PLANS, AND ORGANIZATIONAL PLANS FOR THE EVENT	<input type="checkbox"/>	<input type="checkbox"/>

FIELD TRIP CHECKLIST

CLASS NAME _____ DEPARTURE TIME _____ RETURN TIME _____

DATE OF TRIP _____ DESTINATION _____

ALL FIELD TRIPS (Please check off each step where appropriate)

- 1. Authorization from school administration obtained.
- 2. Parental Information Form sent home. **Forms at the office.**
- 3. Transportation arranged (**if private vehicle or rental van** please note on Extra-Curricular Transportation form.
- 4. Supervisors assisting with trip arranged if required.
- 5. Canteen notified classes away, if applicable.
- 6. Supervision duties covered if any (**recess/bus/noon**).
- 7. Class coverage arranged if necessary (**schedule on back**).
- 8. Substitutes arranged if needed.
- 9. "Leave Forms" completed if needed
- 10. List of students going on field trip (**turn into the office**).
- 11. Detailed description of the field trip including exact destination stops with phone numbers and estimated arrival time (**turn into the office**).
- 12. Payment pre-arranged (**cheque, cash, purchase order**).

If there are students not participating, please complete the following information and turn into the office:

- 13. List of students staying home (parent permission obtained?)
- 14. List of students remaining at school.
- 15. Detailed information of activities for remaining students at the school (ie: if classes combined, explain - if more than regular classroom activity, describe each activity (show, ping pong, etc); list students expected in each activity; note locations for each activity.
- 16. List supervising staff and note supervision locations.
- 17. Bookings completed for equipment (A.V., etc) and special class areas (eg: MPR gym, science lab, computer room) if needed.

ALL ARRANGEMENTS HAVE BEEN COMPLETED AND INFORMATION TURNED INTO THE OFFICE_____
Signature of Staff in Charge_____
Office Personnel

FIELD TRIP PLANNING GUIDE

The following areas are recommended for consideration when planning field trips:

Program:

- Relate the field program to the classroom program
- Outline the purpose and objectives of the trip
- Provide a brief summary of the educational activities involved in the field trip

People Involved:

- Number of students, staff and other adults

Dates and Times:

- Departure and return
- Location(s) for departure and return
- Phone chain plan –notification of delays, changes, etc

Regular School Program:

- Coverage of regular classes and other duties for teacher on the trip
- Appropriate program for students not on the trip
- Arrangement for students who miss regular classes due to participation in the trip

Finances:

- Expenses: transportation, accommodation, meals, rentals, admission fees, and miscellaneous
- Revenue: fund raising, student charge, board support
- Advise parents of all costs

Safety Procedures:

- Medical facilities in the area
- Medical qualifications of staff
- First aid kits inspected
- Staff qualifications for high risk activities
- On site safety procedures
- Complete awareness of student health information
- Appropriate health insurance if out of Manitoba
- Appropriate assistance if special needs students on the trip
- Communication system in place – cellular phone, radio, minimum daily check in place such as an airplane fly over in the wilderness area

Trip Itinerary:

- Accommodation: date/location/telephone numbers
- Meals
- Mode of transportation and route
- Special arrangements/attractions/events

Student's Personal Needs:

- Appropriate clothing/toiletries

Consent Form:

- Consent and medical forms must be collected before students depart on the trip. If leaving Canada, be certain that any students born overseas have proper forms with them.

Prior to Departure:

- Final list of participating students left in school office
- Trip supervisor has master list of all student information