

Adopted	April 2005
Last Revised	September 2017
Review Date	September 2022

APPLICATION FOR APPROVAL OF HIGH-CARE EXCURSIONS

Name of Organization/Company/Location	Today's Date	
Street Address	City	
Province	Postal Code	Country
Contact Person	Title/Position	Work home Number
Alternate Phone Number	Fax Number	E-mail address
Activities Offered	Special Facilities	
Risks Inherent in your program/facility	Risk Reductions in Place	
List Current Facility Staff Certifications and Qualifications		
What Curriculum Subject Areas are linked to your program?		
Safety		
Ontario Physical and Health Education Association Safety Guidelines (www.Ophea.net) are followed and adhered to for all applicable activities.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Action Plan is in place and posted.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Action Plan will be explained to participants.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What should clients wear and/or bring with them for safety purposes? What do you provide?		

Food and Drink		
Do you sell food/drinks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you compliant with our Board Guidelines for Healthy Choices? http://www.edu.gov.on.ca/eng/healthyschools/healthier.html Part XIII.1 – Nutritional Standards	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please note food items for sale and cost per food item.		
How do you accommodate for food allergies?		
Accessibility		
Site is fully accessible for those with special physical needs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
List areas / events that are limiting to those with physical challenges.		
Summary of Liability Insurance		
Company	Policy Number	Coverage (liability limit)
Copy of Certificate of Liability Insurance is attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Copy of any required annual inspection reports for facility equipment (i.e., climbing wall, zip lining, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Direction Map to your location is attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If your facility has a waiver or informed consent, please attach for review	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please submit updated certificate of insurance and required inspection reports annually to HPEDSB	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please note:

- **Application will need to be resubmitted for approval if new high care activities are introduced or there is a change in facility location.**
- **Approval expires in 3 years. Please resubmit application every 3 years.**

Vendor Signature: _____ Date: _____

This High-Care Excursion Site has been approved.

Superintendent Signature: _____ Date: _____

Questions pertaining to this form can be directed to:
Curriculum Coordinator, Healthy Active Living
Hastings and Prince Edward District School Board
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