
EXTENDED OUT-OF-PROVINCE / COUNTRY EXCURSION APPROVAL

Extended Excursions usually require submission of this form several months prior to departure to allow for adequate planning and student preparation. ***The process for completing this form should involve ongoing consultation with the School Superintendent. A final commitment to a travel agency should not be made until approval is secured.***

When the Teacher and Principal are satisfied that planning meets the requirements of the Code of Practices for Out-of-School Learning, approval should be obtained by submitting a copy to the Superintendent. The Superintendent, after signing approval, will submit the form to the Director for final approval.

School: _____ Destination: _____

Students Involved: Grade: _____ Girls: _____ Boys: _____ Supervision Ratio: _____
(refer to: Excursion Chart Overview)

Date(s): _____ to _____

1. Costs:

Total Cost \$: _____ School Cost \$: _____ Cost per Student \$: _____

Total Supply Teacher Costs: _____ days @ \$ _____/day = _____

Amount of Supply Teacher Costs included in school costs (above) \$ _____

Amount of Supply Teacher Costs included in student costs (above) \$ _____

(NOTE: Supply Teacher Costs may only be included for trip with a duration greater than one day)

Specify amounts from individual student contribution and/or from fundraising by the school or group)

An itemized list of anticipated student costs is attached. *(Form 230-8 Financial Summary for Excursions)*

2. Supervision:

Teacher/supervisor(s): _____

Volunteer(s): _____

First Aid /CPR Qualifications of teacher/supervisors are attached.

Other teacher/supervisor qualifications required for High-Care activities are attached.

Names of teacher/supervisors willing to perform the role of a “kind but judicious parent” for the whole trip.

All of the above

or: _____

Name(s) of back-up teacher(s) available with an up-to-date passport who could take over if a teacher/supervisor becomes unable to continue before / after departure: _____

How is travel for the emergency replacement supervisor to be provided?

Cover by insurance

Covered by student contributions to refundable contingency fund

Other: explain: _____

Describe teacher/supervisor's experience and/or preparation for the type of activity planned for the trip (e.g., familiarity with location/route, recent experience with activities requiring similar levels of expertise/fitness, experience leading student trips or tours, etc., depending on the nature of the trip): _____

3. Educational Program Planning:

a) Purpose and Outcomes: State the educational purpose, learning outcomes and program links for the trip. *(Use an additional sheet, if necessary.)*

b) Student Preparation: Outline pre-trip learning activities and preparation sessions. *(Use an additional sheet if necessary.)*

c) Follow-up Activities: Describe follow-up learning activities. *(Use an additional sheet if necessary.)*

4. Location(s) of activity: Provide a brief itinerary listing main locations/cities and dates.

Attach: Detailed daily itinerary with locations, accommodations and contact numbers for accommodations or alternate contact number of each day of the trip:

Attach: MAP with emergency access points (where applicable). Passport and Visa plans complete? Comments:

Note: Agreement for Departure from Itinerary - Form 230-7, must be used for any individual student that requests to leave the group for part of the tour.

5. Travel Arrangements:

Means of Transportation: _____

Note: The Travel Industries Act, 2002, imposed restrictions on schools: check with the Superintendent of Education for the School (e.g. School Excursions to Foreign Countries must be planned through a travel agency)

Name of the travel agency and /or carrier(s) being used: _____

Has the company arrangement been checked out with the "Ontario Organization for Education Through Travel"?
(Contact your Superintendent)

Insurance: State the specific insurance coverage offered in the plan. Note: Additional insurance may be recommended. Check with your Superintendent.

Arrangements to and from the Airport: (Outline briefly) _____

6. Medical Information and Emergency Action Planning:

Attach List of Participants – Name, Grade, Address, Phone Number, Out-of-County Medical Insurance, Doctor’s Name and Phone Number and Medical Information.

Attach Medical Information sheets to be used. Comments: _____

Is a vaccination program arranged? Describe: _____

How will you ensure that students have Out-of-Country medical insurance? _____

There must be adequate insurance coverage. Out-of-country excursions require out-of-province extended medical insurance. All costs of medical insurance or other insurance coverage considered necessary must be paid by the parents or students, if 18 years or older. Written proof of coverage is to be provided to the teacher/supervisor at least one week prior to the excursion.

Note: The Government Health Insurance Plan (GHIP) no longer covers all medical costs incurred outside of Ontario and uncertainties may arise with respect to recognition of Ontario health insurance coverage for certain medical treatments and/or hospitalization. Medical expenses are the responsibility of the parent or student if 18 years of age or older. (Teacher/supervisors are encouraged to visit the Ministry of Health and Long-Term Care website at www.health.gov.on.ca/english/public/program/ohip/ohipmn.html prior to travelling out-of-province / country.

7. Communications:

a) Is a Student Planning Guide prepared? Yes No Attach Sample

Comments: _____

b) Are Parents’ Nights planned? Yes No

Comments: _____

c) How will the parent/ guardian(s) contact the group in case of a family emergency?

d) How will parents be informed of costs, including payment schedule and refund policy and of responsibility for return transportation if student behaviour necessitates an early return before the trip is complete?

Attach one copy of the Parent Information and Consent to Participant Form containing information the parent/guardian will receive and all forms provided by the school or by outside facilities.

As the teacher/supervisor I have complied with the code of Practices for Out-of-School Learning as it pertains to this excursion

Teacher/Supervisor's Signature

Date

This activity is consistent with School Program and Department Program Planning

Department Head's Signature

Date

8. Approvals:

This out-of-school learning activity has initial approval and the Teacher-Supervisor has provided tentative plans for consideration prior to required timelines in consultation with the Principal and Superintendent.

School Principal's Signature

Date

Superintendent's Signature

Date

Director of Education's Signature (if Out-of-Province/Country) Date

This Approved Out-of-School Learning Excursion has final approval and meets the Requirements of the Code of Practices for Out-of-School Learning.

School Principal's Signature

Date

Superintendent's Signature

Date

Director of Education's Signature (if Out-of-Province/Country) Date