

## EXTENDED/OVERNIGHT EXCURSION ORGANIZATIONAL CHECKLIST

School: \_\_\_\_\_ Date of excursion: \_\_\_\_\_

Destination: \_\_\_\_\_

1.	Expectations from Procedure 230 Out-of-School Learning have been reviewed and adhered to. <i>(Go to Board website &gt; About HPEDSB &gt; Policies and Procedures &gt; Administrative Procedures &gt; 200 Education Programs and Materials &gt; Procedure 230 Out-of-School Learning)</i>	Yes    No
2.	A date has been selected that does not conflict with other school events or excursions.	Yes    No
3.	Excursion Approval Form 230-1A has been completed. <b>(including a detailed itinerary, learning expectations, contact emergency numbers and preliminary expense sheet)</b> <b>Emergency Contact Name and Number:</b> _____	Yes    No
4.	Supervision ratios are appropriate: JK-3            n/a Gr. 4-8        1:10 Gr. 9-12      1:15	Yes    No
5.	Will complete, distribute and collect Parent Information and Consent to Participate Form F230-2 for each student (attach with itinerary, learning expectations and expenses).	Yes    No
6.	When required, the following special consent forms will be completed, distributed and collected: (please check all appropriate forms) Form 230-4 Excursion Volunteer Application Form 230-5 Excursion Authorization for Drivers Form 230-6 Excursion Senior Student Driver Form F230-7 Agreement for Departure from Itinerary Form 230-9 Medical Information Consent for Excursions Form 230-10 Request for Administration of Oral Medication Form 230-11 Administration of Oral Medication Student Log  Refer to <b>Excursion Chart Overview</b> for all required forms.	Yes    No
7.	The inherent risks of the activity has been communicated to the parents/guardians on applicable Consent Forms.	Yes    No
8.	Will submit requirements for class coverage at least 5 school days prior to the excursion.	Yes    No
9.	The school's Main Office and all supervisors will have a copy of: a) manifest with names and numbers of all students, volunteers and staff by vehicle b) room or billeting list (teacher supervisor created) (if applicable) c) itinerary and contact numbers for service providers (hotel, bus company) d) emergency plan for the excursion, (e.g., injury to student, missing student).	Yes    No
10.	Student participant list for High-Care will be submitted to the school group superintendent prior to excursion departure.	Yes    No

11.	Review this checklist with the Principal prior to the excursion.	Yes	No
12.	Will submit final financial summary (Form 230-8) within two weeks of the excursion to the Main Office. (if required).	Yes	No
13.	The following items will be left in the School's Main Office for one year: The Excursion Approval Form 230-1A, Parent Information and Consent to Participate Form 230-2 and Financial Summary Form 230-8.	Yes	No
14.	Students and parents will attend a pre-excursion meeting to confirm attendance and are made aware of all necessary safety and conduct rules and procedures.	Yes	No
15.	Contact made to site of excursion to confirm attendance and excursion details.	Yes	No
16.	If male and female students participate, supervisors of each gender will be present. Male Supervisor Name: _____ Female Supervisor Name: _____	Yes	No
17.	Teacher/supervisor has access to First Aid Kit.	Yes	No
18.	Teacher/Supervisor has current First Aid qualifications or has access to an individual with current First Aid qualifications (e.g. ski patrol).	Yes	No
19.	Teacher/Supervisor will review F-230-2 Parent Information and Consent to Participate Forms as submitted and identify students whose medical condition (e.g., anaphylaxis, asthma, casts, previous concussion, orthopedic device) may affect participation and ensure appropriate Medical Forms are completed and accommodations are in place for student participation, if necessary.	Yes	No
20.	Teacher-supervisors and volunteer supervisors (where appropriate) will travel with school emergency contact numbers and communication devices.	Yes	No
21.	Travel advisories have been checked (e.g., weather).	Yes	No
22.	Supervisor has familiarity/experience with this type of excursion.	Yes	No
23.	Overnight supervision plan is attached.	Yes	No
24.	If participating in any high care activities during excursion, complete and attach OC-4 High-Care Excursion Checklist. (Superintendent approval required)	Yes	N/A

**Notes:**

**Facility/Excursion site waivers are not to be signed by parents or staff. If a facility/site requires a waiver please contact Business Services.**

<p>Teacher/Supervisor and Administrator Excursion Review:</p> <p>Teacher/Supervisor Signature: _____ Date _____</p> <p>Principal's Signature: _____ Date _____</p>	
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