ENCLOSURE NO. 3

Medicine Hat School District No. 76
601 – 1st Avenue S.W.
Medicine Hat, Alberta T1A 4Y7

FIELD TRIP APPROVAL FORM

EXHIBIT 770 E 001

Date Application Made: January 9, 2016

Name of Group/Team: CHHS Theatre Arts

School Applying: CHHS

Place to be Visited: New York City, USA

Depart on: Tuesday March 29 (date) at 7:00am (time)

Return on: Tuesday April 5 (date) at 10:00pm (time)

Transportation Arrangements: Bus/air plane

Name(s) of Supervising Teachers: Jennifer Davies & Pat Grisonich

Name(s) of Supervising Teachers with Current First Aid Training: _____

Board Financial Considerations

Date(s) Substitute Required: _____

Total Number of Sub Days _____ X _____ /day = $ _____

Other Board costs: (x) ☐ Yes ☐ No

If yes, provide details:

Educational Guidelines Completed: (x) ☑ Yes ☐ No Copy Attached: (x) ☑ Yes ☐ No

Safety Preparation Completed: (x) ☑ Yes ☐ No

_____
(Signature of teacher in charge)

Educational Guidelines Examined and Approved by:

_____
School Principal
(All field trips require Principal's approval)

Date approved: Jan. 11/2016

_____
Superintendent of Schools
(Trips outside city/province require Superintendent's approval)
(Trips outside country also require Board's approval)

Date approved: _____

NOTE:

Forward ONE copy of approved field trip form and guidelines, if within city limits, to Superintendent.

Forward TWO copies of field trip application and guidelines, if outside city limits, to Superintendent. One copy will be returned to the school upon approval from the Superintendent.

EDUCATIONAL GUIDELINES

(To be completed and submitted to the Principal at least two weeks prior to activity)

Description of Objectives of Activity:

Class trip to NYC to participate in Broadway Student Summit

Activity fits into the Drama curriculum.

Planned Lead-Up Activities:

We have been working on the Addams family musical to prepare for our performances in NYC.

Planned Follow-Up Activities:

We will use our new and improved skills to better peform our musicals and play at CHHS

Supervisors/Instructors: Number: ____

Names:	Qualifications:	Responsibilities:
Jennifer Davies	Teacher 20 years	Supervise
Pat Grisonich	Principal	Supervise
Dr. Duncan McCobbin	Stage Manager/Dr.	Supervise
Shawna Kohls-Walters	MHC Piano Instructor	Supervise
Jeff Stiener, Mark Semrau, Heather Stahl (if more attach list)		Supervise

Student Behavioural Expectations: It is expected that students will:

Number of Students Participating: 27 Grades: 9-12

Teacher Co-ordinator is: Jennifer Davies

Number of Students per Supervisor: 5-10

Parent permission forms will be distributed on: December 24, 2015 (date)

To be returned on: January 5, 2016 (date)

Parents notified of risks involved: (x) ☑ Yes ☐ No

PLANNING GUIDE FOR OUT-OF-TOWN FIELD TRIPS

1.	Consent forms sent and returned (x)	☑ Yes	☐ No
2.	Waiver form sent and returned (x)	☑ Yes	☐ No
3.	Medical insurance numbers recorded (x)	☑ Yes	☐ No
4.	Alternate contact persons established (x)	☑ Yes	☐ No
5.	Field trip form submitted (x)	☑ Yes	☐ No
6.	Transportation organized and confirmed (x)	☑ Yes	☐ No
7.	Itinerary established and sent home (x)	☑ Yes	☐ No
8.	Lodging booked (x)	☑ Yes	☐ No
9.	Medical facilities established (x)	☑ Yes	☐ No
10.	Emergency numbers secured (x)	☑ Yes	☐ No
11.	Costs established and collected (x)	☑ Yes	☐ No
12.	Equipment list established (x)	☑ Yes	☐ No
13.	First Aid kit (x)	☑ Yes	☐ No
14.	Safety review completed (x)	☑ Yes	☐ No