

INTERNATIONAL FIELD TRIPS – FINAL APPROVAL

(Completed by the Lead Teacher. Submitted to the Superintendent or designate.

To be submitted with accompanying documents 2 weeks prior to scheduled Board meeting.)

1. Event Details		
Event(s) and Destination(s): Europe Trip: France, Monaco, Italy		Date(s): April 2-11, 2026
Name of Lead Teacher: Robert Konczak		School: Crescent Heights
<input checked="" type="radio"/> Extracurricular	Group/Team/Class: Crescent Heights Europe trip grades 10-12	
<input type="radio"/> Curricular		
Number of male students: 7	Number of female students: 7	Supervisor to Student Ratio: 7-1
Names of other Supervisors: Katrina Letwiniuk		

2. Procedures: I can confirm the following:	
1. I have prepared participating students with pre-teaching that connects the trip to their learning.	<input checked="" type="checkbox"/>
2. I have booked transportation.	<input checked="" type="checkbox"/>
3. I have collected all necessary volunteer forms.	<input checked="" type="checkbox"/>
4. I have collected fees from all participants.	<input checked="" type="checkbox"/>
5. All finances related to this trip have been handled in the school office.	<input checked="" type="checkbox"/>
6. I have met with volunteers and chaperones and explained their duties in full.	<input checked="" type="checkbox"/>
7. I have held meetings to inform all the participants' parents of trip itinerary, expectations for students, contact information while on the trip, and communicated post-event pick-up arrangements.	<input checked="" type="checkbox"/>
8. I have informed parents of vaccination recommendations, particularly for Measles and for specific vaccinations required by the destination country: https://travel.gc.ca/travelling/health-safety/vaccines	<input checked="" type="checkbox"/>
9. I have registered (or verified) each participant: https://travel.gc.ca/travelling/registration	<input checked="" type="checkbox"/>
10. I have reviewed and communicated the relevant travel health and safety risks to all participants and participating students' parents.	<input checked="" type="checkbox"/>



3. Risk review: I can confirm the following:

11. A satisfactory report travel from Government of Canada – Travel and Tourism https://travel.gc.ca/travelling/advisories	<input checked="" type="checkbox"/>
12. The planned activities are consistent with the standards in <u>School Physical Activity, Health & Education Resource for Safety</u> and in compliance with MHSD policy.	<input checked="" type="checkbox"/>
13. The planned activities are suitable to the age, developmental level, and physical condition of the participants.	<input checked="" type="checkbox"/>
14. Participants have been progressively taught and coached to perform planned activities properly and to avoid the dangers inherent in the planned activities.	<input checked="" type="checkbox"/>
15. The equipment for the planned activities is adequate and suitably arranged.	<input checked="" type="checkbox"/>
16. The planned activities will be adequately supervised for the inherent risk involved.	<input checked="" type="checkbox"/>
17. We have a suitable first aid kit.	<input checked="" type="checkbox"/>
18. Name(s) of the supervisor(s) with current First Aid training: Robert Konczak	
19. The medical facilities nearest our destinations are: Paris: University Hospitals Pitie Salpetiere 47-83 Bd de l'Hopital Monaco: Princess Grace Hospital Centre 1ave Pasteur 98000 Florence: Piazza di Santa Maria Nuova Hospital 1, 50122 Firenze Rome: Azienda Ospedaliera San Giovanni Addolorata Hospital 00184 roma	

4. Transportation Details

Name(s) of Volunteer Driver(s): Scott Hicks, Tanya McLeod, Bobbie Jo Ketcheson, Lindy Smith, Aimee Sarsons, Derrick Jordan, Kris Kleemola	
Flight details Airline: Flight # AC 0142 AC 0872 AC 0891 AC 0153	Departing flight (and connections): April 2, 2026 YYC 11:35 to YYZ 17:27 - YYZ April 2, 2026 20:30 to CDG April 3, 2026 10:00 Returning flight (and connections): April 11, 2026 FCO 12:25 to YYZ 16:00 - YYZ 18:15 to YYZ 20:28
Other transportation details (if not included above): Motorcoach: Eurobus Network, Vaile del Policlinco 129/a Roma 00161 Train: Lux Viaggi, departs Paris at 14:10, arrives 20:03 in Nice	

5. Expenses

Total cost of trip: 5834	Fundraised: TBD	School funds: 0	Cost to student: 5834
Other information related to expenses:			
<input checked="" type="checkbox"/> Travel Accounting Template with initial estimates completed. (720 E 015) – Final trip accounting report must be submitted to central office 20 days after return of the trip.			
<input checked="" type="checkbox"/> Travel Declaration for National-International Trips completed. (720 E 014)			
Did you use a tour company?			
<input checked="" type="checkbox"/> Yes - Attach detailed tour information			
<input type="checkbox"/> No - Attach a detailed itinerary and a satisfactorily completed Off-Site Activity Risk Assessment (720 E 006)			

6. Attachments

1. Completed International Trips - Approval in Principle (720 E 010)	<input checked="" type="checkbox"/>
2. Completed Consent for National – International Trips for all students (720 E 014).	<input checked="" type="checkbox"/>
3. Completed <u>Consent Letter for Children Travelling Abroad</u> for all students, signed by parents/guardians and preferred witness.	<input checked="" type="checkbox"/>
4. Completed Volunteer Registration Form for each non-staff supervisor (720 E 013) .	<input checked="" type="checkbox"/>
5. Completed Automobile Driver Authorization Form for any person transporting students (720 E 007).	<input checked="" type="checkbox"/>
6. Copy of all travellers’ passports (confirming date of expiry 6 months from expected date of return).	<input checked="" type="checkbox"/>
7. Completed Travel Declaration for National-International Trips (720 E 014) and Travel Trip Accounting 720 E 015.	<input checked="" type="checkbox"/>
8. Complete list of participants including name, students’ cell phone numbers (if available), parent contact information, identification of specific medical conditions, allergies, or special considerations on provided spreadsheet. <i>If any participant is known to have severe allergic reactions, or has specialized medical conditions, attach a plan outlining additional precautions, created in consultation with the parent.</i>	<input checked="" type="checkbox"/>
9. Duties of all supervisors.	<input checked="" type="checkbox"/>
10. Parent meeting(s) attendance sheet(s), agendas/minutes.	<input checked="" type="checkbox"/>
11. List of locations and contact information of Canadian Government offices abroad. https://travel.gc.ca/assistance/embassies-consulates	<input checked="" type="checkbox"/>
12. Names, addresses and contact numbers for each accommodation, listed by date.	<input checked="" type="checkbox"/>
13. Final and complete itinerary.	<input checked="" type="checkbox"/>



8. Declarations and Signatures

Lead Teacher:

I have reviewed AP 720 P 001 and understand my responsibilities as a lead teacher for this international trip. I confirm the information in this form to be true.

Signature: Robert Konczak Digitally signed by Robert Konczak
Date: 2026.02.12 08:34:58 -07'00'

Date: _____

OHS Officer:

I have reviewed the submitted documents for this international trip and confirm that the Lead Teacher's plans comply with School and Division Procedures.

Signature:

Date: Feb 12/26

Secretary Treasurer or Designate:

I have reviewed the submitted documents for this international trip and confirm that the Lead Teacher's plans comply with School and Division Procedures.

Signature:

Date: Feb 13/26

Superintendent or Designate:

I have reviewed the submitted documents for this international trip and I approve this trip.

Signature:

Date: Feb. 17/26