Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

NON-LOCAL OR OVERNIGHT OFF-SITE ACTIVITY APPROVAL

(To be completed by **Lead Teacher** and **Principal** and **OHS Officer**)

- This form is used for grades 4-12 off-site activities with destinations greater than 50km one-way from the city limits but within the Province of Alberta or overnight trips; grades 7-12 within Canada; grades 10-12 international travel.
- Please submit forms at least 30 days in advance of departure. Prior approval is required from the school principal and the Occupational Health and Safety Officer.
- Regularly scheduled travel for extracurricular teams and clubs can be requested with the *Extra-Curricular Off-Site Activities Form (720 E004)*.

School: Lead Teacher:

Lead Teacher First Aid Choose an item

Destination:

Date(s): Time Leaving: Time Returning:

Number of Students involved: Classes/Grades involved:

Adult to student supervision ratio: :
(# Supervisors: # Students)

Total trip length (#days) Total # of instructional days included in trip

Does the trip application meet the grade requirements for the type and duration of the proposed trip?
Yes ☐

Supervision Information

	Supervisor Name	Supervisor Type	First Aid Training
1)		Choose an item	Choose an item
2)		Choose an item	Choose an item
3)		Choose an item	Choose an item
4)		Choose an item	Choose an item
5)		Choose an item	Choose an item
6)		Choose an item	Choose an item
7)		Choose an item	Choose an item
8)		Choose an item	Choose an item

Educational Alignment (describe the educational fit and if required, attach the relevant *Program of Studies* and *Intended Student Outcomes*)

Activities Planned (please list all):	**Activity Risk Category** as per **AP 722 P 001**
_____	Choose an item
_____	Choose an item
_____	Choose an item
_____	Choose an item
_____	Choose an item
_____	Choose an item
_____	Choose an item
_____	Choose an item

Has the *Off-Site Activity Risk Assessment Form (720 E 006)* been completed? Yes ☐

Have the activities listed above been planned in accordance with the *School Physical Activity, Health & Education Resource for Safety*? www.myspheres.ca Yes ☐

Financial Considerations (If there are costs to this trip, describe the plan to finance the trip. Include estimated costs per student, total cost of the trip and any fundraising plans. Consider costs of transportation, accommodation, food, registrations, etc.)

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Accommodation Arrangements (Provide detailed information including accommodation name and address/location, sleeping arrangements for students and staff, and overnight supervision plans for all overnight trips.)

Transportation Arrangements

☐ Bus (select provider) Choose an item.
☐ Volunteer drivers – complete and submit the *Automobile Driver Authorization* form (720 E 007).
☐ Other/not listed _____.

Signature of Lead Teacher: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of OHS Officer: _____ Date: _____

If this is a NATIONAL or INTERNATIONAL trip, the signature of the Superintendent is required.
In addition, please attach a detailed itinerary.

Signature of Superintendent: _____ Date: _____

If a significant change in trip itinerary occurs, notify the Occupational Health & Safety Officer.

Once the form is completed with all applicable signatures, send *720 E 001 All Off-Site Activity Consent Form* home to parents.

Reference: Administrative Procedure 720 P 001 Off-Site Activities