



ADMINISTRATIVE POLICY No. 418

IMPLEMENTATION FALL 2006

REVISED SPRING 2015

LEARNING EXPERIENCES OUTSIDE THE SCHOOL

Prairie Spirit School Division recognizes that out-of-school learning experiences enhance educational opportunities for students. Transportation is supported for learning experiences as outlined in [Administrative Policy No. 806 – Special Use of Buses](#) and which provide opportunities for:

- Extension of the curriculum and connection to the curriculum
- Personal experience in environmental education
- Awareness of the outdoors as a resource of activities for a healthy lifestyle
- The development of self-reliance, initiative, responsibility, and cooperative attitudes
- Gaining knowledge of the cultural, spiritual, historical, geographical, scientific, industrial, social, and physical aspects of life
- Activities leading to peer recognition and leadership roles
- Participation in public performances, festivals, and competitions; and
- Extra-curricular activities.

1. Procedures

- a. All groups participating in out-of-school learning experiences are to be under the supervision of a teacher, and/or other employees or approved Community Coach and volunteer chaperones approved by the principal.
- b. Adequate safety precautions are required to be in place and an emergency plan should be clearly set out in accordance with [Administrative Policy No. 410 - Safety](#).
- c. Transportation is by school bus, paid licensed carrier, or approved private vehicles. There will be no out-of-province trips by division-owned buses. Refer to [Administrative Policy No. 807 – Transportation in Private Vehicles](#).

- d. For all out-of-school learning experiences the number of students per chaperone will be in proportion to the nature of the particular activity, the age of the students, the length of the activity and the conditions set out by host facilities.
- e. Notwithstanding the above in d, for athletic competitions not exceeding one day, the number of chaperones will be determined by the principal and coach of the athletic activity.
- f. Learning experiences and athletic competitions that involve over-night travel with a mixed gender group shall have at least one chaperone of each gender.
- g. All learning experiences shall have the support and approval of the principal.

2. Learning Experiences

A. Day Trips

- a. School day trips are trips that do not exceed one day in duration.
- b. The principal is authorized to approve day trips when the following conditions are met:
 - i. Parent or guardian has completed the [Medical Fitness Form – Parent/Guardian Consent Form](#) (Appendix “B”). Appendix “B” need not be completed if schools collect this information as part of their registration package at the beginning of the school year.
 - ii. Parents have been informed of the event.
 - iii. For events or trips outside of the community the teacher has completed the [School Day Trips Form](#) (Appendix “C”).

B. Overnight Excursions

- a. The Learning Superintendent is authorized to approve overnight excursions and outdoor education excursions when the following conditions are met:

- i. The [Overnight Excursion/Outdoor Excursions Form](#) (Appendix “A”) has been completed and approved by the principal.
 - ii. The principal has submitted the form to the Learning Superintendent at least one month prior to the event or within a time frame acceptable to the Learning Superintendent.
 - iii. The Principal has submitted a [High Risk Approval Form](#) to the Superintendent in charge of athletics and has received approval for the activity or activities.
- b. Once the principal has received written approval from the Learning Superintendent, notification is to be sent to parents and permission slips received.
 - c. Once the permission slips are received the principal may approve the excursion.
 - d. Principals are authorized to approve overnight travel for athletic competition. The [Athletics Overnight Trip Authorization Form](#) (Appendix “D”) should be completed and retained in the school files. SHSAA-sanctioned activities that require travel out of province require the completion of Appendix “D”, if the activity requires overnight travel. High Risk activities will require the approval of the Coordinator in charge of athletics.

C. Out-of-Province and Out-of-Country Travel

- a. All out-of-province student travel organized under the auspices of the Board of Education must have the approval of the school principal and the Learning Superintendent, except as noted in Section B(d) above.
- b. There shall be a minimum of two (2) chaperones for any out-of-province and out-of-country excursions and the number of students per chaperone shall not exceed ten (10).
- c. Out of country travel requests must be submitted to the Learning Superintendent at least eight (8) weeks prior to the proposed travel.
- d. The principal of the school must ensure that the following conditions can be met before recommending out-of-province pupil travel to the Learning Superintendent:

- i. The proposed travel has the signed approval of the parents or guardians of the students concerned.
 - ii. Other staff members whose teaching responsibilities may be affected by the absence of the students, and teachers who will be traveling have been consulted and show a willingness to support the proposal.
 - iii. Adequate provision will be made for the accommodation, supervision, and welfare of the pupils who are traveling.
 - iv. Adequate and appropriate insurance is provided to protect the students, teachers, and Board of Education in the event of an accident. A statement that adequate insurance will be provided is to accompany the submission to the Learning Superintendent.

Teachers, volunteers and/or chaperones are responsible for purchasing appropriate medical insurance to protect themselves in the event of an accident or illness.
 - v. The students will suffer no serious loss in their basic educational program normally provided through the school.
- e. The educational benefits from such travel will complement the regular school program. Once the preceding conditions are met, the principal is to inform the Learning Superintendent in a timely manner of the travel plans being developed.
- f. If the Learning Superintendent consents, the principal is to make a formal written request at least eight (8) weeks prior to the proposed travel, which is to include the following:
 - i. An itinerary of the proposed travel that specifically identifies times, places, modes of travel, and emergency contact telephone numbers for countries and provinces to be visited.
 - ii. A list of persons or agencies who have accepted responsibility for developing the trip.
 - iii. A breakdown of anticipated costs (i.e. fares, passports, meals, spending money, accommodation, deposits required, etc.).
 - iv. A list of chaperones and their job descriptions or relationship to the school system and qualifications as leaders or chaperones of the proposed trip.
 - v. A list of participants including grade level, home address, and telephone number(s).

- vi. A statement of anticipated educational benefits, including pre-travel and post-travel educational activities, and anticipated trip highlights.
 - vii. An indication that the principal has been involved in all steps of the planning.
 - viii. An indication that the signed approval of the parents/guardians has been received.
 - ix. An indication of student involvement in the project.
 - x. A statement of regulations governing student behavior. It should be noted that students are subject to all regulations normally associated with behavior in the school setting including the prohibited use of alcohol or illicit drugs, regardless of age.
- g. The Learning Superintendent, upon receipt of the formal written request, is authorized to make the decision regarding approval of the excursion.
- h. Notwithstanding the foregoing, it is expected that student travel time shall normally occur during the school breaks.



PROPOSED EDUCATIONAL TRIPS FOR STUDENTS EXCEEDING ONE SCHOOL DAY

Authorization Request Form
Policy 418 – Appendix A

AUTHORIZATION

All applications must be submitted to the principal **well in advance of the trip**. Completed applications should be forwarded to the Family of Schools Superintendent and one copy retained in the school files.

DATE: _____

1. SCHOOL: _____ TELEPHONE: _____

2. NAME OF TEACHER MAKING REQUEST: _____

3. DESTINATION(S) _____

4. DEPARTURE/RETURN/TIME

	MONTH	DAY	YR	Time (anticipated)
DEPARTURE				a.m./p.m.
RETURN				a.m./p.m.

5. NUMBER OF STUDENTS: _____

6. YEAR OR GRADE: *(circle appropriate numbers)*

K 1 2 3 4 5 6 7 8 9 10 11 12 OR Special Group _____

7. NUMBER OF STAFF: _____ 8. NUMBER OF ADULT VOLUNTEERS: _____

9. TRANSPORTATION (✓)

Walking School Bus Public Transit Cycling Car Pool

Charters (✓): Bus Plane Train Boat

10. AREAS OF STUDY(✓)

Art Language Arts Phys. Ed. Life Skills Drama

Math Science Social Studies Music

Other (*explain*):

(attach additional pages if required)

11. PURPOSE AND EXPECTED OUTCOMES OF THE TRIP:

12. BUDGET ESTIMATE: _____

Source for Funds (✓)

- School Funds Special Project Outside Group(s) Per Student Fee

Other: _____

13. Parents Notified Parent Authorization Forms Complete
 Medical Forms Itinerary Completed and Copies Attached

14. TYPE OF ACCOMMODATION (if applicable): _____

15. EMERGENCIES:

- a) Provisions should be made for medical care in the event of accidents. What procedures have you established for emergency situations? (*First Aid, Transportation, etc.*)

- b) In the event that a bus is not always present (e.g. drops you off and returns later), will a second vehicle be at your disposal in the interim?

Yes No Comment: _____

Date of Application

Signature of Teacher Making Request

Date Approved & Recommended by Principal

Signature of Principal

Date approved & Authorized by Superintendent

Signature of Superintendent



MEDICAL FITNESS FORM

Parent/Guardian Consent Form

Policy 418 – Appendix B

School: _____

Name of Child: _____

1. Do you consider your child to be in a state of good health for physical activities?

Yes No

2. Does your child require any type of medication? Yes No

If yes, please list: _____

Can they self administer? Yes No

3. Are you aware of any health conditions?

Heart Condition Yes No *Diabetes* Yes No

Asthma or Respiratory Condition Yes No *Epilepsy* Yes No

Allergies Yes No _____
list pertinent allergies

Others Yes No _____
list other ailments

4. Please list any special diet requirements. _____

5. If you have any concerns regarding your son's/daughter's health, we ask that you assume responsibility for a medical examination prior to this out-of-school experience.

6. Please provide the following information:

Name of family doctor

Doctor's phone number

Saskatchewan Hospital Insurance Number

Other or extended medical coverage

Parent's/Guardian's phone number

Parent's/Guardian's signature

Date



SCHOOL DAY TRIPS FORM

Policy 418 – Appendix C

To be submitted for school day trips one week prior to departure

Class(es) _____

No. of Students _____

Destination _____

Date of Trip _____

Transportation: Bus _____
[Bus request must be submitted]

Private Vehicle _____
[All drivers (staff included) must be approved]

Names of Drivers: _____

Leaving School at: _____

Returning to School at: _____

Trip Outcomes:

Itinerary *(please ensure that any high risk activities have been approved):*

Chaperones *(must have a Volunteer Confidential Disclosure sheet on file):*

Teacher(s) / E.A.(s): _____

Cell # for emergency contact during the trip: _____

Please submit this form with a copy of the information notice sent home to parents ([Parent/Guardian Consent Form](#) must also be completed).

- Please be sure to take with you:**
1. First Aid kit
 2. Any Epi-Pens or medications needed
 3. Copies of student emergency information (emergency contact numbers and hospitalization numbers)
 4. Cell phone

Approval Granted: _____
Principal or Vice Principal

Date: _____



**PROPOSED ATHLETIC OVERNIGHT
TRIPS FOR STUDENTS**
 Authorization Request Form for the Extra-Curricular Season
Policy 418 – Appendix D

AUTHORIZATION

All applications must be submitted to the principal **ideally one month in advance of the trip or within an acceptable timeframe**. Completed applications should be retained in the school files for at least two calendar years.

DATE: _____

1. SCHOOL: _____ TELEPHONE: _____

2. NAME OF TEACHER MAKING REQUEST: _____

3. DESTINATION(S)

4. DEPARTURE/RETURN/TIME

	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.

	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.

	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.

	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.

	Month	Day	Year	Time (anticipated)
Departure				a.m./p.m.
Return				a.m./p.m.

Proposed Athletic Overnight Trips for Students – Authorization

5. NUMBER OF STUDENTS: _____
6. EXTRA-CURRICULAR ACTIVITY AND GRADE: *(circle appropriate numbers)*
- 7 8 9 10 11 12 ACTIVITY _____
7. NUMBER OF STAFF: _____ 8. NUMBER OF ADULT VOLUNTEERS: _____

9. TRANSPORTATION (✓)

- School Bus Public Transit Car Pool
- Charters (✓): Bus Plane Train Boat

10. Parents Notified

11. TYPE OF ACCOMMODATION: _____

12. EMERGENCIES:

- a) Provisions should be made for medical care in the event of accidents or injuries. What procedures have you established for emergency situations? *(First Aid, Transportation, second vehicle, etc.)*

13. CELL NUMBER FOR EMERGENCY CONTACT DURING THE TRIPS:

Date of Application

Signature of Teacher Making Request

Date Approved & Recommended by Principal

Signature of Principal