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|  | Level 3 Off-Site Activity Planning and Approval Form **Level 3 trips** are day or overnight trips that are outdoor education in nature (e.g. camps, skiing) that occur outside of Calgary but within Canada. Complete this form and attach the document(s) listed in the requirements checklist at the end of this form and submit to the Principal.  Planning Flow Chart:   * **Off-Site Activity Planning and Approval Form** * Pre-trip Planning Checklist * Volunteer Selection and Orientation | | | | | | | |
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| **General Information** | | | | | | | | |
| NAME OF ACTIVITY (Subject/Course):  **Outdoor Education Elective** | | | core  co-curricular | | | | subjects involved: **Electives** | |
| Destination: **Lower Lakes Campground** | | | Departure Date: **June 5, 2014** | | | | Return Date: **June 6, 2014** | |
| Departure Time: **8:00 am** | | | | Return Time: **3:00 pm** | |
| Does this coincide with any other planned activities (check employee calendar in public folders in MS outlook). If yes, indicate: Yes | | | | | | | How many missed school days?  **3** | |
| Grade Level (Please check all that apply):  4  5  6  7  8  9 | | | | | # of Students by grade if more than one grade :  **Grade 8 = 12**  **Grade 9 = 20** | | | Male: 26  Female: 6 |
| Name of Primary School Contact/ Safety Officer: | | **Darrell Lonsberry** | | Phone Numbers: | | 403-966-2890 (Cell)  403-282-2890 ext. 122(School) | | |

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| **Supervision and Contact Information** | | | | | | |
| Leaders | Gender | Date of last visit to site: | Will you be present for the entire trip?  If not, specify schedule. | List relevant Certifications(e.g. first aid, etc.) | | Contact phone numbers during the field trip |
| Primary Leader  **Deirdre Bailey** | **F** | **May 18, 2014** | **Yes** | **Wilderness First Aid**  **OCC Level 1** | | **403- 619-5681** |
| Secondary/Assistant Leader(s): (list)  **John Cadman**  **Jared Mackenzie** | **M**  **M** | **October 12, 2013**  **June 1, 2014** | **Yes** | **Wilderness First Aid**  **OCC Level 1** | | **587-777-2886 (John)** |
| Names of Student Leaders (list) |  |  |  |  | |  |
| Names of volunteers:  Michael Barry (BEd. student)  Gina Campbell (BEd. graduate) | Have all volunteers completed the Volunteer Clearance Process and submitted a volunteer background information form? Yes No | | | | | |
| Level of Supervision:  Constant Visual  On-Site  In The Area | | | | | Required ratio of supervision: | |

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| **Learning Outcomes** |
| What are the Learning Outcomes for this field trip:  **This is the culminating trip for the Term 3 outdoor education elective. The work this term has focused on building skills and attitudes in the students to allow them to safely and successfully ski into a front country campground for an overnight trip. Students will be responsible for all aspect of their self-care on this trip. This includes carrying personal and group gear, tent set up, meal preparation, tent take down, and cleaning up camp before departing.** |

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| **Trip Details** |
| Describe the nature of the activity: (A general overview which covers basic logistics, including transportation, accommodation, route, etc. Details like times, phone numbers, addresses will be listed in the itinerary.)  **We will be bussing to the Elk Pass trailhead parking area. From there we will hike just over 11 km along Fox Creek trail (and cut line running parallel to that trail) to the Elk Lakes campground. At the campground students will set up tents, cook their meals, participate in group activities and enjoy an evening hike and camp fire (dependent on weather at the time). The following day will involve a leisurely breakfast, organizing camp for the day and then filling day packs for a full day hike in the Elk Lakes region. Students will go to bed early that night in order to wake up and break camp early the following morning in order to hike back down the trail to Elk Pass parking area. Time will be taken before, during and at the end of the trip to debrief the trip and associated learning outcomes with students.** |

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| **Specific Activities** | | |
| Please indicate any and all of the following activities that are planned for this Field trip. | | |
| Canoeing – Flat Water  Canoeing – Moving Water  Canoeing – Voyageur  Kayaking – Flat Water  Kayaking – Moving Water  SCUBA  Rowing  Sailing  Swimming  Rafting | Skiing – Cross Country  Skiing & Snowboarding-Resort Style  Skiing – Backcountry  Snowshoeing (Potentially)  Ice Skating | Camping  Hiking  Backpacking  Orienteering  Wall Climbing  Rock Climbing  Ropes Course  Cycling (Road)  Mountain Biking (Trails)  Urban Pathways |
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| **accommodations – to be filled out for an overnight trip** | | |
| Type of accommodation (tenting, hostel, hotel, etc.):  **Tent (with back-up hut/cook shelter)** | name:  **Peter Lougheed Visitor Information Centre** | Phone Number of Service Provider:  **403-678-0760** |
| Describe the sleeping arrangements for students and volunteers (number of people to a room, how the gender separation has been allowed for, bunks versus beds versus tenting…)  **Students will be sleeping in tents in groups of 3-5. Tent groups/cooking groups will be established in class prior to the trip start. Male and female students will have separate tents. Student tent sites will be further separated by teacher and adult tents between the two genders. There will be both male and female staff attending this trip.** | | |

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| **Transportation Details** | |
| Commercial Airline (Name: )  Charter Bus (Name: **Southland Transportation**)  Arranged by Service Provider  Rental Van (Rental company)  (Name of driver  class of license of driver )  School-owned Truck  (Name of driver  class of license of driver ) | Volunteer Driver (parent/coach in their private vehicle)  Faculty Driver (in their private vehicle)  (Name of driver  class of license of driver )  No transportation provided by school  Other: **Volunteer Vehicle to be left at the entrance to Elk Pass parking area (10km from camp).** |

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| **Budget Information** | |
| **Estimated Cost of Trip (Total for trip)**  Service Provider $**0**  Transportation $**600**  Accommodation $**700**  Food Costs $  Rentals (specify)$**0**  Fees (specify) $**0**  Other (specify) **Substitute teachers x 3** $**1200**  Total $1200 | **Source of Funding (Total for Trip)**  School Funds $**0**  Student Fee (each) $0  Total Student Fees Collected $**0**  Other **Outdoor Ed. Budget** (please specify) $  Total $ |
| *When estimating expenses, be sure to include the costs for all faculty and students that will be attending. Please check with the Business Office for updated busing costs and discuss final cost estimates with your Principal.* | |

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| **Service Provider** | | |
| Name of Service Provider:  **N/A** | Service Provider Contact Person:  **N/A** | Phone Number of Service Provider:  **N/A** |
| 1. Explain the role of the service provider during the Field Trip?   **N/A**   1. What role does the service provider have with regard to the preparation of the off-site activity?   **N/A**   1. What supervision responsibilities will the service provider have during the off-site activity?   **N/A** | | |

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| **Trip Hazards** | | |
| The teacher-in-charge is responsible to take on the field trip: appropriate first aid kit; appropriate communication devices; emergency response plan; student medical information. Complete the chart below to indicate the hazards of this trip. List all the activities including transportation that will occur during the trip. List all the hazards (cause of injury) of the identified activities. List the precautions that have been made to minimize the risk including student preparations, faculty preparations, medical conditions, etc. Make note of other safety devices that will be carried; satellite phones, river rescue kits, SPOT devices, etc. | | |
| ACTIVITY/LOCATION | HAZARDS  (Cause of Harm) | PRECAUTIONS TAKEN |
| **Meet at School before departing** | **Lack of Preparation** | **Mandatory Bag check to ensure proper gear carried by all participants** |
| **Bus Transportation: Highway 1 and 40** | **Traffic Accident** | **Road conditions will be checked before departure. Fuel and Bear spray will be transported in sealed container.** |
| **Hiking/snowshoeing Class 1 OCC terrain** | **Sprains, cuts, fails, blisters, exposure** | **Students will wear appropriate clothing and footwear. Weight of gear will be distributed evenly amongst all students. Students will have participated in a full day familiarization hike prior to the trip. All students will have been instructed on first aid, thermoregulation and basic foot/blister care.** |
| **Cooking / Camp fires** | **Burns, fuel poisoning, cuts,** | **Students have practiced using white fuel stoves. Cooking area will be separate from the camp fire and the sleeping area. No unsafe behaviour will be tolerated by the fire or the cooking area. Safe knife use will be instructed before the trip, and reviewed before the first meal.** |
| **Pre-existing Medical Conditions** | **Asthma, Nuts, Seasonal Allergies, other allergies.** | **Students will complete and return a health information form. Students will give personal medications to the trip leader. Trip leader will carry extra epi-pen and Benadryl that has been prescribed to student s who have allergies.** |
| **Wildlife** | **Accidental discharge of bear spray** | **Each leader will carry bear spray, student have learned animal safety in class, campground has food storage bins, no food or fragrances in tents, Group will stick together on trail and in camp, leaders will book-end the group on trail, keep bear spray away from students.** |
| **Elk Pass/Elk Lakes** | **Inclement Weather** | **Student will carry the necessary layers to protect against rain, snow flurries, and seasonal temperatures which may dip below zero Celcius.** |
| **Spring Camping** |  | **The trip will be cancelled or postponed if temperatures are below -10C. If temperatures drop while the trip is in progress, a heated Alpine Club of Canada hut at Elk Lake has space for all participants to camp in overnight and the site has access for an evacuation if necessary.** |

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| **Emergency Procedures** | | |
| Teachers needs to familiarize themselves with the Emergency Procedures   1. What are the steps to activate emergency services (police, fire, ambulance, search and rescue) in the areas of the off-site activity?   #1: Call **911** (if in cell phone range)  #2A: If in Alberta ask for **Kananaskis dispatch: 403-591-7755**  #2B: If in BC ask for **Elkford RCMP** **250-865-2232**  #3: Kananaskis dispatch (Kananaskis EMS) or Elkford RCMP (likely assisted by Kananaskis EMS) will arrange the appropriate resources to respond to the emergency.  #4 Contact the school to inform administration of the situation.  If no Cell phone Service:  #1: Call **Kananaskis dispatch** directly at **403-591-7767 (sat phone).**  #2: Kananaskis dispatch (Kananaskis EMS) will arrange the appropriate resources to respond to the emergency.  #3 Contact the school to inform administration of the situation.   1. What first aid equipment will be available to the group?   **1 Large school provided first aid kit, trip leaders will also carry smaller first aid kits.**   1. What are the locations of the hospitals/medical facilities in the area?   **On the BC side:**  **Camp is directly accessible by 4 wheel drive vehicle from Elkford BC. (83km).**  **Elkford Emergency Centre is open 9am-4:30, M-F**  **Sparwood Emergency Centre is open 8am-7pm, 7 days/week**  **Sparwood is 118km from the trail head (35km on Secondary Highway)**  **Fernie Regional Hospital is open 24hrs/7days per week.**  **Fernie is 65km from Elkford on Secondary and Primary Highways.**    **On the Alberta Side:**  **The Elk Lake Day Use Area parking lot in Peter Lougheed Provincial Park is 50km from emergency services. Available 24hr.**  **Canmore Hospital is 93km from the the Elk Lake Day Use Area parking lot. Open 24hrs.**  Other numbers of use **Peter Lougheed Visitor info centre 403-678-0760**   1. Is the off-site activity in an urban, rural or remote area?   Urban (Not more than 20 minutes travel time to a medical facility using available means of transportation.)  Rural (Between 20- 40 minutes travel time to a medical facility using available means of transportation.)  Remote (More than 40 minutes travel time to a medical facility using available means of transportation.)   1. How will the location affect the response of emergency personnel and what additional preparation has occurred?   **Elk Lake is vehicle accessible in the sping and easily assessed by helicopter if needed.**  **Kananaskis EMS will be given the location and dates of the trip and any addition information required.** | | |
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| **Approvals** | | |
| Name of Trip Leader *(please print)*  **Deirdre Bailey** | Date (year/month/day)  2014/05/22 | Signature |
| **Review and Approval by Principal** | | |
| Name *(please print)* | Date (year/month/day)  / / | Signature |
| Approved:  Yes  No  Conditional  Conditions: | | |
| Comments: | | |
| **Review and Approval by Superintendent** | | |
| Name *(please print)* | Date (year/month/day)  / / | Signature of Principal |
| Comments: | | |
| Approved:  Yes  No  Conditional  Conditions: | | |

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| Requirements Checklist |
| Complete and attach the following documents to this form when submitting for approval. (Include documentation from previous trips. Not all of this will be available during the event approval process but will need to be added to the documentation before the event occurs.)  Detailed itinerary/ Route Card/ PE Program Confirmation Sheet/  Pre-Trip Planning Checklist  List of Volunteers, including emergency contact information  Parent Handbook (if applicable)  Service provider agreements (if applicable)  Accommodation details (if applicable)  Current applicable conditions. (trail, animal, weather, etc.) |