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| Macintosh HD:Users:dlonsberry:Downloads:CSS LogoTemp CMYK.pdf | 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: **Quaite Valley Campground** | | | Departure Date: **October 9, 2013** | | | | Return Date: **October 10, 2013** | |
| Departure Time: **9:30 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: | | | | | | | How many missed school days?  **2** | |
| Grade Level (Please check all that apply):  4  5  6  7  8  9 | | | | | # of Students by grade if more than one grade :  **Grade 8 =**  **Grade 9 =** | | | Male:  Female: |
| Name of Primary School Contact/ Safety Officer: | | **Phil Butterfield** | | Phone Numbers: | | 403-815-3683 (Cell)  403-282-2890 (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** | **September 21, 2013** | **Yes** | **Wilderness First Aid** | | **403- 619-5681** |
| Secondary/Assistant Leader(s): (list)  **Jason Publack**  **Phil Butterfield** | **M**  **M** | **Jason: September 21, 2013** | **Yes**  **Yes** | **Wilderness First Aid**  **Wilderness First Aid** | | **403-870-8466**  **403-815-3683** |
| Names of Student Leaders (list) |  |  |  |  | |  |
| Names of volunteers:  Scott Ingelson  Erin Couillard  Jared McKenzie  Rob Peg  John Cadman  Lauren Wonfor | 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: **5 to 1** | |

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| **Learning Outcomes** |
| What are the Learning Outcomes for this field trip:  **This is the culminating trip for the Term 1 outdoor education elective. The work this term has focused on building skills and attitudes in the students to allow them to safely and successfully hike 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 Heart Creek parking area. From there we will hike 4.6 km up the trail to Qauite Valley campground. At the campground students will set up tents, cook their meals, participate in group activities and enjoy a camp fire (dependent on fire rating and weather at the time). Students will break and clean camp the following day and hike back down the trail to Heart Creek parking area. Time will be taken during and at the end of the trip do debrief the student on the learning they have been actively involved in.** |

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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  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** | name:  **Visitor Information Centre** | Phone Number of Service Provider:  **673-3985** |
| 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 4. These 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: **Parent Vehicle will be parked at the Lowe Lake trailhead 1.4 km away** |

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| **Budget Information** | |
| **Estimated Cost of Trip (Total for trip)**  Service Provider $**0**  Transportation $**600**  Accommodation $**0**  Food Costs $**0**  Rentals (specify)$**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** | **Traffic Accident** | **Road conditions will be checked before departure. Fuel and Bear spray will be transported in sealed container.** |
| **Hiking Class 1 OCC terrain** | **Sprains, cuts, falls,  Blisters, Sun exposure** | **Students will wear appropriate foot wear. Weight of gear will be distributed amongst. A leader will set the pace at the front. Studnets will have participated in a 1 day, familiarization hike prior to this trip. All studnets will have been instructed on first aid 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.** |
| **Bow Valley / Quaite Valley** | **Inclement Weather** | **Student will carry the necessary layers to protect against rain, snow flurries, and seasonal temperatures which may dip below zero Celcius.** |
| **Forest Fire** | **Smoke inhailation** | **The trip will be cancelled or postphoned if there are active wildfires in the area during the time of the trip. If a forest fire begins in the area while the trip is in progress, the fire will be reported and the trip will be cut short.** |

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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:From a Cell Phone or Satellite phone **Call 911**  #2: Ask for **Kananskis dispatch**  #3: Kananaskis dispatch (Kananaskis EMS) will arrange the appropriate resources to respond to the emergency.  #4 Contact the school or Phil Butterfield 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. Each student, following classroom instruction, will build a personal first aid kit which will include band-aids, blister care, and other basic ingredients.**   1. What are the locations of the hospitals/medical facilities in the area?   **From Heart Creek trail head to Canmore hospital is 19km (15minutes).**  **Kananaskis Emergency Services**  **Distance from Camp to nearest exit point is 2km. Campground is accessible by 4wd vehicle from Highway 2.**   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?   **Quaite Valley is 4 wheel drive or quad accessible, 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)  **28**/09/20**13** | 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.) |