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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: **Quaite Valley Campground** | | | Departure Date: **June 4th, 2015** | | | | Return Date: **June 5th, 2015** | |
| Departure Time: **10:00am** | | | | Return Time: **2:30 pm** | |
| Does this coincide with any other planned activities (check employee calendar in public folders in MS outlook). If yes, indicate: No | | | | | | | 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 6 = 16**  **Grade 7 =16** | | | Male: **16**  Female: **16** |
| Name of Primary School Contact/ Safety Officer: | | **Darrell Lonsberry** | | Phone Numbers: | | 403-966-2890 (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** | **May 29th, 2015** | **Yes** | **Wilderness First Aid**  **OCC Level 1 Instructor** | | **403- 619-5681** |
| Secondary/Assistant Leader(s): (list)  **Jocelyn Monteith** | **F** | **May 29th, 2015** | **Yes** | **Standard First Aid** | | **403-807-1499** |
| Names of Student Leaders (list)  **N/A** |  |  |  |  | |  |
| Names of volunteers:  Cynthia Nilsson  TBD | Have all volunteers completed the Volunteer Clearance Process and submitted a volunteer background information form? Yes No (or in process) | | | | | |
| Level of Supervision:  Constant Visual  On-Site  In The Area | | | | | Required ratio of supervision: **8 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 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 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 covering 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 Quaite Valley trailhead off of Hwy 1 eastbound. From there we will hike just over 2 km up the trail to Quaite Valley campground. At the campground students will set up tents, cook their meals and participate in various activities (may include a hike further up the pass depending on timing). 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 to debrief 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  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:  **Alberta Parks** | Phone Number of Service Provider:  **403-678-3136** |
| 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 3-4. These tent groups/cooking groups will be established in class prior to the trip start. Male and female students will have separate tents. Leader tents will be interspersed throughout the site. 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: **Staff Vehicle will be parked at the Quaite Valley access on Hwy 1.** |

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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 2** $**800**  Total $800 | **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 |
| **Meeting at school before departures** | **Poor preparation** | **Mandatory bag check, group packing and group organization to ensure equipment is packed properly and appropriate gear is carried by all participants** |
| **Bus Transportation – Calgary to Highway 1** | **Traffic accident** | **Road conditions will be checked before departure. Fuel and Bear spray will be transported in sealed containers.** |
| **Hiking - Class 1 OCC terrain** | **Trips, falls, physical stress or strain** | **Students will wear appropriate clothing and footwear. Weight of gear will be distributed appropriately amongst all students. Forward progress will be slow and intentional. Regular breaks on the trail will allow for check-ins to monitor thermoregulation and basic foot/blister care.** |
| **Cooking / Campfires** | **Burns, fuel poisoning, other heat-related injuries, cuts from knives and other cutlery.** | **Students will all have had multiple opportunities to practice cooking with stoves. Cooking area will be separate from group meeting place and sleeping area. Students will be cooking on the ground and on their feet. Behaviour will be closely monitored and unsafe behaviour will not be tolerated. Instruction on safe knife use will be provided and reviewed with students on site.** |
| **Pre-existing medical conditions** | **Asthma, nut and other allergies.** | **Student health information will be collected prior to departure. Students will provide all personal medications to the trip leader with the exception of puffers and epi-pens. Students with anaphylaxis will be expected to carry an extra epi-pen.** |
| **Wildlife** | **Wildlife encounter (including bears, deer, elk, moose, cougars, other smaller animals)**  **Accidental discharge of bear spray** | **Basic wildlife management will be reviewed in class prior to departure. Each leader will carry bear spray. Group will stick together on trail and in camp, leaders will bookend the group on trail and keep bear spray away from students. Food and cooking will be carefully managed. All food and other fragrances will be stored in sealed food bins in the campground.** |
| **Inclement weather** | **Cold, heat, rain, snow etc.** | **Student will carry the layers necessary to protect against rain, snow flurries, and seasonal temperatures. Students will have an opportunity to change base layers in camp and all students will be expected to supply three-season rated sleeping bags, toques, mittens and warm socks for overnight. The trip will be cancelled or postponed if the weather forecast includes temperatures below -10 degrees Celsius or calls for storms etc.** |
| **Forest Fire** | **Burns, smoke inahallation.** | **The trip will be cancelled or postponed 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?   If in cell phone range:  #1: Call **911** (if in cell phone range)  #2: Ask for **Kananaskis dispatch: 403-591-7755**  #3: Kananaskis dispatch (Kananaskis EMS) will arrange the appropriate resources to respond to the emergency.  #4 Contact the school to inform administration of the situation.  If out of cell phone range:  #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?   Primary trip leader will carry one large school-provided first aid kit  Individual trip leaders will also carry smaller first aid kits.   1. What are the locations of the hospitals/medical facilities in the area?   Distance from Camp to nearest exit point is 2km.  Campground is also accessible by 4wd vehicle from Highway 2.  From Heart Creek trail head to Canmore hospital (open 24 hours) is 19km (15 minutes).   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 4WD 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) | 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.) |