

OC-3	
Adopted	April 2005
Last Revised	September 2018
Review Date	September 2023

OUT OF PROVINCE/COUNTRY EXCURSION ORGANIZATIONAL CHECKLIST

School: _____ Date of excursion: _____

Destination: _____

1.	Expectations from Procedure 230 Out-of-School Learning have been reviewed and adhered to. (<i>Go to Board website > About HPEDSB > Policies and Procedures > Administrative Procedures > 200 Education Programs and Materials > Procedure 230 Out-of-School Learning</i>)	Yes No
2.	A date has been selected that does not conflict with other school events or excursions.	Yes No
3.	<i>Out-of-Province/Country Excursion Approval Form 230-1B</i> has been completed (including a detailed itinerary, learning expectations, contact emergency numbers and preliminary expense sheet). Emergency Contact Name and number: _____	Yes No
4.	Supervision ratios are appropriate: <input type="checkbox"/> JK-3 n/a <input type="checkbox"/> Gr. 4-8 1:8 <input type="checkbox"/> Gr. 9-12 1:10	Yes No
5.	Will complete, distribute and collect <i>Parent Information and Consent to Participate Form 230-2</i> for each student (attach with details of the excursion, itinerary including structured and free time, transportation, accommodation, supervision, behaviour expectations, cancellation policy, emergency plan, criteria for participation, payment schedule and a final date for decision to proceed with the excursion). Note: For all out of country excursions, Form 230-17 Out of Country Excursion Parent Letter will be distributed to each student, signed by parent/guardian, and collected. Yes No	Yes No
6.	When required, the following special consent forms will be completed, distributed and collected: (please check all appropriate forms) <input type="checkbox"/> Form 230-4 Excursion Volunteer Application <input type="checkbox"/> Form 230-5 Excursion Authorization for Drivers <input type="checkbox"/> Form 230-6 Excursion Senior Student Driver <input type="checkbox"/> Form F230-7 Agreement for Departure from Itinerary <input type="checkbox"/> Form 230-9 Medical Information Consent for Excursions <input type="checkbox"/> Form 230-10 Request for Administration of Oral Medication <input type="checkbox"/> Form 230-11 Administration of Oral Medication Student Log Refer to Excursion Chart Overview for all required forms.	
7.	The inherent risks of the activity has been communicated to the parents/guardians on applicable Consent Forms.	Yes No
8.	Will submit requirements for class coverage at least 5 school days prior to the excursion.	Yes No
9.	The school's Main Office and all supervisors will have a copy of: a) manifest with names and numbers of all students, volunteers and staff by vehicle b) room or billeting List (teacher-supervisor created) c) itinerary and contact numbers for service providers (hotel, bus company) d) emergency plan for the excursion, (e.g., injury to student, missing student).	Yes No

10.	Student participant list for High-Care will be submitted to the school group superintendent prior to excursion departure.	Yes	No
11.	Review this checklist with the Principal prior to the excursion.	Yes	No
12.	Will submit final financial summary (Form 230-8) within two weeks of the excursion to the Main Office (if required).	Yes	No
13.	The following items will be left in the School's Main Office for one year: The Out-of-Province/Country Excursion Approval Form 230-1B, Parent Information and Consent to Participate Forms 230-2 and Financial Summary Form 230-8.	Yes	No
14.	Students and parents will attend pre-excursion meeting(s) organized by the teacher-supervisor.	Yes	No
15.	Travel advisories have been checked.	Yes	No
16.	When required: immunization card, passport and visas have been attained. (Note: Some countries will not accept passports that expire in six months).	Yes	No
17.	Out-of-country excursions require out-of-province extended medical insurance. Written proof will be provided to the teacher/supervisor at least one week prior to the excursion.	Yes	No
18.	Trip cancellation insurance is arranged.	Yes	No
19.	Supervisor has familiarity/experience with this type of excursion.	Yes	No
20.	If male and female students participate, supervisors of each gender will be present. Male Supervisor Name: _____ Female Supervisor Name: _____	Yes	No
21.	Teacher/supervisor has access to First Aid Kit	Yes	No
22.	Teacher/Supervisor has current First Aid qualifications or has access to an individual with current First Aid qualifications (e.g. ski patrol).	Yes	No
23.	Teacher/Supervisor is aware of students whose medical condition (e.g., anaphylaxis, asthma, casts, previous concussion, orthopedic device) may affect participation.	Yes	No
24.	Teacher-supervisors and volunteer supervisors (where appropriate) will travel with school emergency contact numbers and communication devices.	Yes	No
25.	Overnight supervision plan attached.	Yes	No
26.	If participating in any high care activities during excursion, complete and attach OC-4 High-Care Excursion Checklist attached.	Yes	N/A

Notes:

- If Out of Province insurance is not purchased, then teacher supervisor may be liable for all medical costs, not covered by OHIP.
- Facility/Excursion site waivers are not to be signed by parents or staff. If a facility/site requires a waiver please contact Business Services.

Teacher/Supervisor and Administrator Excursion Review:

Teacher/Supervisor Signature: _____ **Date:** _____

Principal's Signature: _____ **Date:** _____