

Evergreen School Division
8.80 B: Off – Site Activity Detailed Plan
**Attach:**

- a complete itinerary for your off – site activity (dates, times, places, activities, etc.)
- **8.80 A: Off - Site Activity Proposal** (already completed)

School:

Date submitted:

Teacher-In-Charge:

Grade Level(s) / Group(s):

Number of Students Total:

Male:

Female:

ADULTS ACCOMPANYING GROUP

Name	M or F	Staff (teacher, EA, other) OR Volunteer

REMINDER: As outlined in the OFF - SITE ACTIVITY procedure, all volunteers must have a recent criminal record check and child abuse registry check. All volunteers need to be briefed around their roles and responsibilities.

DESTINATION DETAILS

Name of each destination / stop	Location/ Address	Phone Number

SAFETY

Names of supervisors with first aid certification	Certification held
Name of supervisors carrying cell phones	Phone

TRANSPORTATION PLAN: provide details**HOW HAVE PARENTS BEEN INVOLVED:** provide details

RISK MANAGEMENT: For each activity students will be participating in, outline any risks regarding safety, supervision, environment, etc. Then list the planning you will do to minimize these risks.

Activity	Potential Risk(s)	Extra Planning

REMINDER: You may need to consider additional insurance for some of these activities. Extra medical insurance may also need to be considered.

STUDENTS REQUIRING SPECIAL PLANNING		
Student's Initials	Concern	Plans

FINANCIAL INFORMATION: provide breakdown of costs and how they will be covered		
What	Cost	

REMINDER: Submit warrants as applicable.

Teachers should consult **Procedure 8.80: Off - Site Programs and Activities** and **8.80 C: Off – Site Activity Checklist** for further information / support.

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	PLAN APPROVED BY PRINCIPAL; PRINCIPAL WILL FORWARD TO SUPERINTENDENT
	APPROVAL ON HOLD Reason(s):
Principal's Signature:	
Date:	

	PLAN APPROVED BY SUPERINTENDENT
	APPROVAL ON HOLD Reason(s):
Superintendent's Signature:	
Date:	