



Off-Site Activity Detailed Plan Administrative Procedure 8.80.B

8.0 Safe Schools

Attach:

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

School: _____

Date Submitted: _____

Teacher-In-Charge: _____

Grade Level/Group: _____

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 Number

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 a breakdown of costs and how they will be covered:

What	Cost	How it will be Covered

REMINDER: Submit warrants as applicable.

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

- Plan Approved by Principal; Principal will forward to Superintendent
- Approval on Hold: Reason(s): _____

Principal's Signature: _____

Date: _____

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- Plan Approved by Superintendent
 - Approval on Hold: Reason(s): _____

Superintendent's Signature: _____

Date: _____