

# OFF-SITE EXPERIENTIAL LEARNING TRIP COMPLEX CHECKLIST & AUTHORIZATION

APPENDIX / FORM #1

School		Staff Member in Charge	
Today's Date (YYYY/MM/DD)		Trip Name	
Trip Date (YYYY/MM/DD)	То		Grade(s)

#### **AUTHORIZATION**

Educators should not discuss plans with students/parents or prepare the trip application until they have verbal approval from their principal.

#### **APPLICATION PACKAGE**

In the tables below you will see which *forms from the policy appendices* you need to complete and submit to your school administration. If you have questions regarding the application process please contact your administrator or the Off-Site Review Committee Chair at the Yukon Education (867)667-5607.

## Your trip is considered Complex if it includes any of the following:

- a) The trip is overnight
- b) Students are canoeing, kayaking or engaging in any other activity that takes place on water
- c) Students are off the main highway and beyond one hour from medical attention
- d) Temperatures may drop below -30 degrees Celsius
- e) A risk assessment identifies significant hazards that need to be managed with mitigation strategies

### COMPLEX

After your principal has reviewed the application, submit to school council and superintendent at least 2 weeks prior to the trip date.

DONE	N/A	FORMS & REQUIRED DOCUMENTS
		Appendix/Form #3 Complex Trip Consent
		Appendix/Form #4 Risk analysis
		Appendix/Form #5 Medical - signed and completed by a Parent/Guardian
		Appendix/Form #6 Contingency Plan
		Appendix/Form #7 Volunteer Registration Form
		Appendix/Form #8 Use of Private Vehicles for Transporting Students
		Appendix/Form #9 Billeting Roles and Responsibilities
		Appendix/Form #10 Firearms Safety Standards
		Detailed Trip Itinerary Attached
		Equipment List
		Participating Student List
		Camping? Canoeing? Kayaking? Hiking? Cycling? Cooking? Skiing & Snowboarding? Please review each appendix relevant to your trip and attached to your application
		First Aid and other certifications required? See Off-Site Experiential Learning Policy, attach copies of certifications.

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Names of other teachers, participating employees and volunteers						
Male/Female chaperone (required for overnight) ☐ Yes ☐ Not required						
	I have printed off and packed blank Incident/Hazard Report Appendix/Forms #12 (all trip types) and blank Daily Trip Log Appendix/ Forms #11 (only multi-day wilderness trips).					
TRAVEL AUTHORIZATION AND CLAIM						
UNDER THE	AUTHORITY OF THE TRAVEL DIRECTIVE AND 1	THE SIGNING AUTHORIT	TES POLICY.			
TRIP/TRAVEL	AUTHORIZATION					
Principal Signa	ature (All trips)		Date (YYYY/MM/DD)			
School Council (Discretionary)			Date (YYYY/MM/DD)			
Superintendent (Complex trips)			Date (YYYY/MM/DD)			
			l			
WINTER USE ONLY: FINAL APPROVAL BY PRINCIPAL						
Temperature		Wind Chill				
Signature		Date (YYYY/MM/DD)				