



**Final Approval: National Tours**

Submitted by lead teacher to the Superintendent (or designate) 4 weeks prior to departure.

Event Details		
Lead Teacher:		School:
Group / Class / Team:		Number of female students:
		Number of male students:
Date:	Event:	Destination:
Other Supervisors:		Supervisor/Student Ratio:
Transportation Details		
Means of Transportation: <i>(Check all that apply)</i>	School/District Bus ___	School/District Van ___
	Private Vehicle ___	
	Drivers Names:	
		Approved by Principal <i>(Initial)</i> :
Commercial Carrier (Bus) ___ (Taxi) ___ (Plane) ___ (Boat or Ferry) ___		
Describe transportation plan (including route details, departure and arrival times):		
Expenses (Actual)		
Total cost of trip: \$	Amount fundraised: \$	Remaining cost per student: \$
Contingency Plan (see item 1.10 in AP60-3)		
Describe considerations in case of bad weather, cancellations, delays etc :		
Additional Documents (✓)		
Attach copy of signed and dated <b>F 6-03-D Approval in Principle: National Tours</b>		
Attach copy of Trip Itinerary.		
<b>If the trip includes physical activities, provide copy of the relevant pages from the <a href="#">Safety Guidelines for Physical Activity in Alberta Schools</a>.</b>		
Attach copy of all the signed <b>F 6-03-H Informed Consent/Permission - National and International Tours</b> forms. (Lead Teacher will retain all original signed consent forms)		
Attach list of volunteers, all of whom have been registered as per <b>AP 40-60 Volunteers in Schools</b> .		
Attach description of duties of volunteers and chaperones (and distribute to them).		



Planning Summary - Checklist		(✓) or N/A
1. List of student participants includes:		
a. Students' cell phone numbers (if available):		
b. Parent contact information:		
c. Identification of specific medical conditions, allergies or special considerations:		
2. Fees collected:		
3. Confirmed transportation:		
4. Form 4-61 <i>Volunteer Driver(s)</i> approved and signed:		
5. Accommodations arranged:		
6. Name of nearest medical facility: _____		
a. Address and distance to medical facility : _____		
7. Emergency numbers: Police: _____ Fire: _____ Ambulance: _____ Other: _____		
8. First Aid Preparations:		
a. Supervisor with First Aid Training (Name):		
b. First Aid Kit:		
9. Equipment List prepared:		
Safety Assessment / Risk Review		(✓) or N/A
10. The activity is suitable to the age, developmental level and physical condition of the participants.		
11. Participants been progressively taught and coached to perform activity properly and to avoid the dangers inherent in the activity.		
12. Day book and lesson plans indicate progressive teaching of skills.		
13. The equipment for the activity is adequate and suitably arranged.		
14. The activity is adequately supervised for the inherent risk involved.		
15. Special provisions made for high-risk activities...		
a. Teacher (or instructor on site) credentialing and/or experience provided as required per 1.4.3.1 of Administrative Procedure 60-03 for high risk activities.		

Reviewed by Superintendent or Designate on:

(Date) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Superintendent or Designate)