



Final Approval - International Tours

Submitted by lead teacher to the Superintendent (or designate) four 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 F 6-03-F Approval in Principle: International Tours	
	Attach copy of Trip Itinerary.	
	If the trip includes physical activities, provide copy of the relevant pages from the Safety Guidelines for Physical Activity in Alberta Schools.	
	Attach copy of all the signed F6-03-H Informed Consent/Permission - National and International Tours forms. (Lead Teacher will retain all original signed consent forms.)	
	Attach copy of all the signed Recommended Consent Letters for Children Travelling Abroad . (Lead Teacher will retain all original signed consent forms.)	
	Attach list of volunteers, all of whom have been registered as per AP 40-60 Volunteers in Schools	
	Attach description of duties of volunteers and chaperones (and distribute to them).	
	Attach updated satisfactory report travel from Government of Canada – Department of Foreign Affairs and International Trade. www.travel.gc.ca/news	
	Attach dated sign-in sheets from Parent/Guardian planning meetings.	
	Attach notice to participants and their parents informing them of the need for Measles and other necessary vaccinations.	



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 4-60 <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 have 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 AP 60-03 for high risk activities.		

Approved by Superintendent or designate on:

(Date)

(Signature of Superintendent or designate)