



ADMINISTRATIVE GUIDELINE

TITLE: Risk Management for School and Out-of-Classroom High Risk Activities

Effective Date: January 15, 2001 **Responsibility:** Superintendent of Program & Schools

Revised Date: March 27, 2009

Revised Date: August 23, 2010

Revised Date: May 5, 2011

Revised Date: April 21, 2015

1. Definition of Educational Out-of-Classroom Activities

The Near North District School Board supports efforts of staff to provide meaningful out-of-classroom activities for students and recognizes that these activities enhance classroom and school objectives. These activities are extensions of the learning taking place within the classroom. There must be clearly stated, reasonable and attainable educational objectives which are part of ongoing school activities. This guideline is designed to assist in planning out-of-classroom experiences to ensure that risks are managed while promoting the educational value of the activity. In some cases these procedures will need to be followed for regular activities in Phys. Ed. and other classes.

2. **All out-of-classroom activities** must be organized on the basis of these guidelines (and where appropriate as a minimum on the basis of the OPHEA guidelines). An activity must not be one of those set out in the list of prohibited activities (Appendix A). The relevant OPHEA guideline must be attached to the Principal and Superintendent Information Form. If no OPHEA guideline exists, staff must contact the Health and Safety Officer to seek advice and this advice must be followed. If an activity is not listed in the OPHEA guideline, the activity may not be appropriate for school trips. In all cases care must be exercised to ensure that the type of supervision is in place and the recommended ratio of supervisors to participants is followed.
3. **Equipment, Clothing and Footwear** – refer to OPHEA guidelines re required equipment, clothing and personal protective equipment and footwear. i.e. CSA hockey helmets shall not be interchanged with bicycle helmets. To decide which helmet for which activity, consult thinkfirst.ca, softball: OPHEA 2008v2. If students are permitted to bring their own equipment, it must be in good working order and shall not be shared with others. OPHEA elementary and secondary guidelines on ice skating state that staff shall communicate the requirement of wearing a CSA approved hockey helmet. Staff shall model safe sports practice by wearing helmets at skating activities.

For trips over water, the weight of students shall be ascertained and the boat operator notified of the number of children under 40 kg and requiring a child's life jacket. The boat must carry the necessary lifejackets for all adults and children on the trip in correct sizes and other

statutorily required lifesaving equipment. Consideration should always be given to requiring all persons, adults and children, to wear their lifejackets throughout the trip.
New standards – CSA approved helmets for skiing and snowboarding.

4. Activity Approval Forms/Parental Information Forms

The attached Principal's/Superintendent's Information Form (Appendix I) must be completed for out-of-classroom activities that go beyond the category of walking to local areas of interest or nature walks. This form must be submitted to the Principal or appropriate Superintendent for approval two weeks prior to the activity unless exceptional circumstances make that impossible.

For longer trips an itinerary will be sent to parents of all students including accommodation sites and telephone numbers and may include a phone tree. A copy will be kept at the school and by the trip contact person. For each activity an Information Form (Appendix E or F depending on age of student) shall be completed by the parent or student at least one week prior to the activity.

For Tim Horton Children's Foundation – Agency Agreement and Informed Consent Forms
OSBIE School Board Trip Agreement Between Agencies Form –
http://osbie.on.ca/pdf/School_Board_Trip_Agreement_Between_Agencies_Form.pdf

5. **Medical Forms for Out-of-Classroom Activities – Approved forms (Appendix G)** for each student shall be completed and need to be screened by the trip leader beforehand to ensure that each participant is medically fit to participate. The form must be filled out by the parent or student (who is 18 or older) and must be taken on the trip by the teacher in charge.
Children Under 18 – [http://osbie.on.ca/pdf/Informed_Consent_OSBIE_Under_18 - Tim Horton Camp 2009.pdf](http://osbie.on.ca/pdf/Informed_Consent_OSBIE_Under_18_-_Tim_Horton_Camp_2009.pdf)

A supervisor who holds a current First Aid certificate shall be placed with students with serious ailments. Anaphylactic students must be identified and carry at least two epinephrine auto injectors on outdoor excursions and supervisors must be trained on use of the epi-pen. Students must bring a supply of prescribed medication in a clearly marked container plus and an additional 50% supply in a clearly marked container both of which must be kept in the teacher's/supervisor's possession. Special care instructions are to be provided in Appendix G.

6. **Informed Parental Consent** is required and the school must provide the parent/guardian with sufficient information to make an informed decision about whether their child should participate. Details must be provided about: the purpose of the trip; risks, if any, including types of activities (ie water activities or high levels physical activity); where the activity will be held - time, date and location; transportation; cost of activity and cost of chaperones; supervision; what student needs to bring – lunch, money, specialized equipment/shoes; safety precautions due to environmental factors (i.e. sun, hypothermia, etc.); and medical information.

If a parent does not sign or marks out any part of the consent form, it shall be interpreted as the parents' unwillingness to accept the risk of the activity and the student shall not be allowed to participate. A sample parental consent form which outlines the activities and elements of risk is attached (Appendix C). A sample Release and Indemnification Form must be signed by students who are 18 years of age is attached (Appendix D). If not signed they shall not participate.

7. Accident Insurance

The Board does not provide accidental death, disability dismemberment or medical expenses insurance for students. Inexpensive student accident insurance is available each year through the Board at the beginning of each school year. Forms can be obtained through the Board and through the Health and Safety Officer throughout the school year.

- Out-of-province/out-of-country medical insurance must be obtained by each student for all travel outside Ontario as a condition of being allowed to participate in the activity.

8. **Volunteer Supervision** – Principals shall screen all volunteers who supervise activities on school premises or out-of-classroom activities. They shall be informed of school expectations and safety procedures. The level of screening is dependent on the level of responsibility to be assumed by the volunteer. Information is provided in the administrative guideline on Volunteers.

Volunteer Coaches. –Any parent who is approved by the Principal (or designate) as a coach and who does not have a teaching certificate, shall a.) be interviewed and approved by the principal; , b.) become familiar with relevant school and board policies; and c.) be assigned a coach liaison who must be a teacher or administrator. The liaison shall ensure the volunteer follows school and board policies. At the elementary level, the coach liaison must be at all practices and all games and at the secondary level, they must always be accessible and their location known.

9. **Transportation** – Transportation should be on Consortium school buses as much as possible and 15-seat passenger vans must not be used. The Principal will arrange transportation at least 5 days prior to the event; a list of all students, volunteers, drivers, staff and license plate numbers will accompany the supervisor on each bus; one copy will remain at the school and one copy will be in the possession of the trip contact person.

- Volunteer drivers must sign the Volunteer Driver Form (Appendix B) and secondary school students must not be used as drivers. Staff and volunteers must meet school board requirements for insurance (\$1,000,000 in third party liability) and licensing. Volunteers must comply with the Volunteer Administrative Guidelines including obtaining a criminal reference check.
- On all outdoor education excursions, a vehicle for emergency purposes must be accessible. If taxis are being used, a list of all students in each vehicle will be prepared. For extended excursions transportation must be booked through a licensed carrier and the Consortium must be contacted to find the number of continuous hours the driver may drive.
- Parental permission forms are required for team travel and parents/guardians are to be informed when the school is unable to provide transportation. Before departing for an overnight excursion, parents must be given the name and telephone number of the trip contact person who will be available on a 24 hour basis and an itinerary will be provided. A parent information session is suggested in advance of the trip.

10. **Emergency Planning** – Teachers must plan beforehand how to access emergency medical care and prepare an emergency action plan (see Appendix H). The “buddy system” shall be used, which allows for faster head counting in case of an emergency. A complete list of all contact names shall be posted in a visible area in the school office. In event of an emergency

situation, a convenient meeting area should be arranged, following parental notification, to allow privacy fact-finding and information exchange.

Supervisors qualified in CPR and First Aid must be available for high risk activities as required by OPHEA. For higher risk sports, the HOST school is required to provide first aid coverage by qualified personnel throughout the activity or performance.

11. **Invitational School Events** sponsored by Near North schools may offer other NNDSB schools the opportunity to participate. Schools decide if they wish to participate and school staff should accompany participating students. Volunteers and/or parents shall meet the requirements of the Volunteer Administrative Guidelines including, having a criminal reference check be familiar with Board policies in case situations arise and be qualified to coach in that event.

12. Educational In-School Decisions

In selecting field trips, the maturity of the students and the curriculum being studied shall be considered. Teachers are encouraged to maximize student participation in establishing objectives; planning the trip; administration within their abilities; data collection and post trip use of information. Students may be excluded from participating by the Principal in the interests of the quality of the trip and the welfare of other participants. No student shall be excluded unless the exceptionality is detrimental to the trip and/or the welfare of others or if the parents or an adult student does not comply with the requirements of this Guideline. Students/parents may be asked to pay toward the cost of the trip, but the Principal shall ensure that no student is left out because it is a hardship for the payment to be made. Appropriate practices will be established to select the grades/classes who will gain educationally and socially from the experience. Parents are encouraged to volunteer, provided they meet the requirements of Volunteer Administrative Guideline. The costs are expected to be affordable to students and the costs, including fund raising, will be reviewed annually with input from School Council. The principal shall oversee all fundraising to ensure it conforms to Board policies. Arrangements must be made for accounting of funds, expenditures and a refund policy. A field trip record shall be maintained to avoid replication of trips, to maintain an ongoing evaluation of field trips and to encourage quality of opportunity. Supervisors and volunteers must report any inappropriate conduct to the Principal or designate. They are expected to adhere to the itinerary, to dress appropriately and follow Board policies related to the use of alcohol, drugs and other prohibited substances.

Trips to rural settings, outdoor education camps: The trip provider and/or campsite manager needs to be contacted with information about the seizure disorder to check if the provider/site manager can advise whether they can accommodate the student's requirements for safe participation in the program. If the safe participation for the students with a seizure disorder cannot safely be accommodated, teachers must choose an alternate trip location that is accessible for the student.

13. **Trip approval** – Trips may be refused due to the following: if time lines are inappropriate; safety; equity of participation; little or no linkage to curriculum; cost and lack of appropriate supervision.
14. **Out-of-Province/Out-of-Country Travel:** Check with the Department of Foreign Affairs and International Trade Canada before travelling to foreign destinations, and follow the

recommendations of the Department. Call 1-800-267-6788 for issues related to security and safety of travelers. Ensure that out-of-province-or out-of-county medical insurance has been purchased by the participants. If no coverage is in place, the student shall not participate.

15. **Waivers and Release Forms** – Great care must be taken when asked to sign a Release by an outside organization. The Board has the power to refuse to sign a Release. Do not sign release forms issued by facility operators or agree to issue Certificates of Insurance naming commercial operators (resorts, ski hills, recreational facilities) as an additional insured. Do not sign a document that includes an indemnification clause in favour of the facility.

16. **Insurance** – any requests for certificates of insurance must be forwarded to the Health and Safety Officer. Request confirmation that the operator carries liability insurance.

APPENDIX 'A'

Acceptable/Prohibited/Restricted Activities

1. The chart below lists activities appropriate to students at various grades. It demonstrates whose approval is necessary.

Appropriate Activities for the Various Grade Levels

Activity	Gr. JK-3	Gr. 4-5	Gr.6-7-8	Gr.9-12	Parental Permission	Approval
1. Visits to local areas of interest by walking	Yes *1-12	Yes *1-12	Yes *1-15	Yes *1-15	Parental Awareness	Principal
2. Visits to local areas of interest using cars or buses	Yes *1-6	Yes *1-12	Yes *1-15	Yes *1-15	Yes	Principal and Superintendent
3. Nature walks or hikes starting from the school	Yes *1-6	Yes *1-10	Yes *1-15	Yes *1-15	Yes	Principal
4. One day class excursions by bus not over 1-1/2 hours travel time one way	Yes *1-6	Yes *1-10	Yes *1-15	Yes *1-15	Yes	Principal and Superintendent
5. One day class excursions by car, bus (or train) over 1-1/2 hours travel time one way	No SO <i>may</i> approve rural schools	Yes *1-10	Yes *1-15	Yes *1-15	Yes	Principal and Superintendent
6. Class picnics	Yes *1-6	Yes *1-10	Yes *1-10	Yes *1-15	Yes	Principal
7. Overnight excursions by bus (or train)	No	Yes *1-10	Yes *1-10	Yes *1-15	Yes	Principal and Superintendent
8. Excursions of two or more nights duration	No	Yes *1-10	Yes *1-10	Yes *1-15	Yes	Principal and Superintendent
9. Overnight school group trips by bus, train or air (band, drama, etc.)	No	Yes *1-10	Yes *1-10	Yes *1-15	Yes	Principal and Superintendent
10. Stream study	No	Yes *1-7	Yes *1-10	Yes *1-15	Yes	Principal and Superintendent
11. Travel out of country	No	No	No	Yes *1-15	Yes	Principal and Superintendent
12. Team Sports Events	No	Yes ☆	Yes ☆	Yes ☆	Yes	Principal

* ratio of supervisors to students (co-op students and other secondary students must not be the sole supervisor of any activity

☆ Refer to OPHEA guidelines for ratio of supervisors to students. This ratio should be reflected on the bus.

Both male and female chaperones must accompany mixed groups for overnight excursions.

The supervisor must designate a responsible adult to transport/accompany an injured student to hospital. This must not be the supervisor in charge of the excursion.

2. The following activities are **prohibited on the basis of high risks:**

- i. **Travel:** excursions to natural disaster areas e.g. earthquake, flood, hurricane, tornado; excursions to war zones – imminent or existing; excursions to regions with political

- or civil instability e.g. civil war, terrorism; and, excursions requiring the use of non-commercial aircraft, e.g. private planes.
- ii. **Fun Fairs/Pep Rallies:** dunk tanks; hot air balloon rides; aircraft or helicopter rides from school property; demolition of derelict vehicles, equipment or buildings; diving into or sliding on foam, mud, ice or snow; use of firework displays or other pyrotechnic devices; use of air filled “fun structures”; and skydiving.
 - iii. **Field Trips:** “extreme” sport activities e.g. skydiving, downhill mountain biking; white water rafting; white water canoeing; white water kayaking; swimming in fast moving rivers or streams; use of backyard pools; cliff rappelling; firing ranges; bungee jumping; paint-ball warfare games; rock-climbing; ice fishing; water parks: activities and rides (music performing acceptable).

High Risk Sports/Activities at the Elementary level: baseball – hardball; dragon boating; canoe tripping; sailing; rock climbing; tackle rugby; high jump (junior elementary students); tackle football; above ground trampolines; white water canoeing; winter tent camping; javelin, pole vault and discus.

The following activities must be carefully controlled and professional supervision provided where appropriate: animal rides; climbing walls; downhill skiing [OSBIE Ski package www.osbie.on.ca see School Board/Snow Resort Safety Guidelines) revised Sept.2009. Helmets mandatory for all students, teachers and volunteers]; archery; canoeing; kayaking; swimming; skating with properly fitted CSA hockey helmets; cross-country skiing; skateboarding; wilderness or winter camping; snowboarding; snowblading, snow tubing and sliding; and high jump (intermediate and senior elementary students only) and pole vaulting. OPHEA Secondary Interscholar Guidelines must be followed.

For other high risk activities, contact the Superintendent of Program and Schools for approval.

3. The requirements of the OPHEA Guidelines, if applicable must be met in all cases.

Sliding

If you are allowing sliding on snow hills on school property, you need to know there are inherent risks involved and some precautions could include the following:

- Do not let snow exceed the height of the fence (student could slide downwards into a sharp fence).
- Place pylons around areas to restrict access.
- Ensure yard supervisors are in place before allowing students on the hill.
- Sliding activities must be carefully supervised as below.
- Limit the number of students on the hill (no more than 5).
- The students are to take turns, one at a time, down the hill. They are to wait until the “coast is clear” at the bottom to slide.
- Only equipment as outlined in the OPHEA guideline is allowed. Consideration should be given to wearing helmets as sliding and downhill skiing are so similar..
- Explain the “rules” to students beforehand.
- Discuss the use of proper clothing for the activity (beware of frostbite and extreme cold temperatures).
- Zero tolerance policy in effect – if they break the rules they are not allowed to slide.
- Contact your FS if you feel the snow hill is becoming excessive (more than 4 ft.) as the contractor may need to move or remove it as per our contract.

APPENDIX 'B'

VOLUNTEER DRIVER – AUTHORIZATION TO TRANSPORT STUDENTS

This will authorize _____
(name of teacher or other volunteer driver)

1. To transport students participating in the events listed on the attached school schedule, OR
2. To transport students participating in the following school activity:

3. Vehicle Information: Make: _____ Year: _____

Vehicle Licence Plate #: _____ Month/Year of Expiry of Vehicle Licence Plate: ____/____

Note: All 'trip drivers and volunteer drivers' are advised that, in order to bring into effect the Near North District School Board's excess liability insurance, they must:

- a. Use a licensed automobile which carries valid automobile third party liability insurance;
- b. Provide the board with prompt written notice, with particulars, of any accident arising out of the use of a licensed automobile during a trip on board-related business;
- c. Be aware that the board's excess automobile liability insurance comes into effect only after the vehicle owner's third party liability insurance limit has been exhausted;
- d. Be aware that any damage to the volunteer's vehicle, the cost of any insurance deductible or premium adjustment as the result of an accident while the vehicle is being used on board-related business is NOT covered by the board's excess automobile liability insurance;
- e. Be aware that if the vehicle is equipped with passenger-side airbags, children under 12 years shall not be permitted to ride in the front seat (see manufacturer's recommendation);
- f. Have a valid criminal reference check filed with the school and otherwise comply with the Volunteers Administrative Guideline.

According to legislation, passengers who are injured would recover accident benefits coverage from their own or parent's automobile policy. In the absence of a personal or family automobile policy, the passenger would then be eligible to recover benefits from the insurance policy covering the vehicle in which they were riding.

A 'trip driver' is defined as a person authorized by the Board who has agreed to be a driver for a certain trip while they are driving their own or another licensed automobile. This includes, but is not limited to: trustees, employees, teachers, parents, volunteers, official of the school board. It is required that drivers carry a minimum of \$1 million of third party automobile liability insurance. Volunteers and board employees who use their personal vehicles for transporting students to school activities should advise their insurance carrier.

Auto Insurance Company _____ Policy No: _____

Limits of Third Party Liability Coverage _____ Date of Expiry: _____

School: _____ Principal's Signature: _____

Date: _____

DECLARATION TO BE SIGNED BY DRIVER

I declare that I hold an unrestricted Ontario driver’s license (corrective eyeglass restrictions excepted), and that I am authorized to drive in Ontario. My vehicle is insured by a valid automobile liability insurance policy as required by Ontario law. The third party liability insurance and vehicle license plate particulars set out above are correct. I declare that the vehicle described above is mechanically fit, and that there are seat belts in working conditions for all passengers. I will not carry any passengers in excess of the number of seatbelts in working condition.

I have read and understand notes a. to f. above

Signature of Volunteer Driver

Date

D/L number

____/____/____
Date of Expiry Day/Month/Year

DECLARATION TO BE SIGNED BY OWNER (IF DRIVER DOES NOT OWN THE VEHICLE)

I declare that I have authorized _____ to drive my vehicle to transport students participating in the school event(s) listed on this form.

I declare that he/she holds an unrestricted driver’s license (corrective eyeglass restrictions excepted), is authorized to drive and is insured as an operator under the vehicle’s liability insurance. The third party liability insurance limits and vehicle plate particulars set out above are correct.

I declare the vehicle described above is mechanically fit and that there are seat belts in working conditions for all passengers.

I have read and understand notes a. to f. above

Signature of Vehicle Owner

Date

Please Note: Freedom of Information

The information provided on this form is collected pursuant to the Board’s education responsibilities as set out in *The Education Act and its regulations*. The information is protected under *The Freedom of Information and Protection of Privacy Act* and will be utilized only for purposes related to the Board’s Administrative Guideline on Risk Management for Out-of-Classroom High Risk activities. Any questions with respect to this information should be directed to the principal.

APPENDIX 'C'

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS (Students Under 18 years)

This form must be read and signed by every student who wishes to participate and by a parent or guardian of a participating student. Failing to return this form will result in the student not being able to attend.

_____ **School** is arranging _____
(description of activity and dates)

ELEMENTS OF RISK:

Educational activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in _____:
(describe activity)

1. _____
2. _____
3. _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of anyone or the facility. By choosing to take part, you are accepting the risk that you/your child may be injured.

The chance of injury can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in _____ on _____, you must understand that you bear the responsibility for any injury that might occur.

The Near North District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in the activity. It is recommended that you purchase accident insurance for your child. If this activity relates to an out-of-province or out-of-country trip, appropriate accident insurance must be purchased for such travel. If you do not purchase coverage, the student shall not be permitted to participate.

We have read the above, and confirm that appropriate medical coverage/accident insurance is in place. Further, we acknowledge that we are responsible for all medical expenses incurred because of accident or sickness on the trip, including additional travel costs.

Signature of Parent or Guardian: _____ Date: _____

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the _____
(name of student) (Description of activity)

to be held on or about _____
(date)

Signature of Parent/Guardian: _____ Date: _____

APPENDIX 'D'

RELEASE AND INDEMNIFICATION FORM FOR EDUCATION TRIPS

(Students 18 years of age and older)

This form must be read and signed by a student who wishes to participate. Failure to return this form will result in the student not being able to attend the activity.

The Near North District School Board will make available the opportunity of participating in

_____ to its students on or about _____
(describe activity) (date of activity)

ELEMENT OF RISK:

Educational activity programs, such as _____, present various elements of risk.
(describe activity)

Accidents resulting from such activities may occur and cause injury and the risk associated with the activity **MUST** be assumed by the participants.

The Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. It is recommended that you purchase accident insurance. If this activity relates to an out-of-province or out-of-country trip, appropriate accident insurance must be purchased for such travel. If you have not purchased this coverage, you shall not be permitted to participate.

I/we have read the above, and confirm that appropriate medical coverage/accident insurance is in place. Further, we acknowledge that I/we are responsible for all medical expenses incurred because of accident or sickness on the trip, including additional travel costs.

Signature of Student: _____ Date: _____

ACKNOWLEDGEMENT

I, _____, understand and accept the above and provide the Board with the following waiver of liability and indemnification agreement:

RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, hereby release the Board and its' staff and agents from any and all liability for any injury sustained by me, regardless of how caused, resulting from my participation in the _____ arranged through the Board on or
(describe activity)
about _____.

I further agree to indemnify and save harmless the Board and its staff and agents from any and all suits, demands, torts, and actions of any kind which may be brought against its staff or agents for which it/they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to, or suffered by any person or any property, by reason of any act, neglect or default of mine.

I acknowledge that I have been given the opportunity to seek legal advice about whether or not I should sign this form.

Signature of Student: _____ Date: _____

APPENDIX 'E'

INFORMATION FORM FOR OUT-OF-CLASSROOM EDUCATION
TRIPS/ACTIVITIES (under 18 years of age)

This form must be read and signed by every parent or guardian of a participating student. Failure to return this form will result in the student not being able to attend the activity.

Name of Student: _____ Grade: _____

School: _____

Student's address: _____

Parents' Home Telephone: _____ Parents' Business Telephone #: _____

Parents' e-mail: _____

Proposed Trip (activity and destination): _____

Pertinent Details: _____

Means of Transportation: _____

Date(s) of Trip: _____

Time of Departure: _____ Time of Return: _____

Place of Departure: _____

Place of Return and Other Information re: Pick-up: _____

Trip Contact Person (available 24 hours) _____ Phone # _____

Staff Supervisor(s) _____

Cost of Participation: _____

I have read the itinerary or details of the activity and I am familiar with the nature of the trip/activity in which _____ will partake. He/she is physically and emotionally capable of participating in this activity and any special medication, if required has been identified on the medical information form.

I also agree that my son or daughter shall be required to follow whatever school rules and regulations apply, as explained to them by the staff supervisor. Students are expected to behave in the same manner as they would if they were in school during the regular school day.

I do understand that my child may be returned home, at my expense, should the trip supervisor deem the behavior is so disruptive and/or inappropriate as to warrant cancellation of trip privileges. I understand that I will be notified and that an adult will accompany my child back from the trip. Otherwise, it is my responsibility to come and pick up my child at the place of return.

Elements of Risk:

The risk of injury may exist in Out-of-Classroom activities. Due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains to more serious injuries. The safety and well-being of students is the prime concern and the Near North District School Board shall make its best efforts to manage as effectively as possible, the foreseeable risks inherent in all activities.

The Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. It is recommended that you purchase accident insurance for your child. If this activity relates to an out-of-province or out-of-country trip, appropriate accident insurance must be purchased for such travel. If you do not purchase this coverage, the student shall not be permitted to participate.

Please note: If a student has attained the age of majority, the signature of the parent or guardian is left to the discretion of the trip leaders (see Appendix F as those 18 years of age or older must sign). A copy of this form must be sent to all parents, regardless of student's age. The completed form must be returned to the teacher at least one week prior to the field trip. Parents are invited to telephone the school if they require additional information.

Please note: Freedom of Information

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in *The Education Act* and its regulations. The information is protected under *The Freedom of Information and Protection of Privacy Act* and will be utilized only for purposes related to the Board's Administrative Guideline on Risk Management for Out-of-Classroom High Risk Activities. Any questions with respect to this information should be directed to the school principal.

Signature of Parent/Guardian or Student

Date

INFORMATION FORM FOR OUT-OF-CLASSROOM EDUCATION
TRIPS/ACTIVITIES (18 years of age and older)

This form must be read and signed by a student who wishes to participate. Failure to return this form will result in the student not being able to attend the activity.

Name of Student: _____ Grade: _____

School: _____

Student's address: _____

Parents' (or Next of Kin) Home Telephone #: _____

Parents' (or Next of Kin) Business Telephone #: _____

Parents' (or Next of Kin) e-mail: _____

Proposed Trip (activity and destination): _____

Pertinent Details: _____

Date(s) of Trip: _____

Time of Departure: _____ Time of Return: _____

Place of Departure: _____

Place of Return and Other Information re: Pick-up: _____

Trip Contact Person (available 24 hours) _____ Phone # _____

Staff Supervisor(s) _____

Cost of Participation: _____

I have read the itinerary or details of the activity and I am familiar with the nature of the trip/activity in which I will partake. I am physically and emotionally capable of participating in this activity and any special medication, if required has been identified on the medical information form.

I also agree that I shall be required to follow whatever school rules and regulations apply, as explained to me by the staff supervisor. Students are expected to behave in the same manner as they would if they were in school during the regular school day.

I do understand that I may be returned home, at my expense, should the trip supervisor deem the behavior is so disruptive and/or inappropriate as to warrant cancellation of trip privileges. I understand that my parents will be contacted and I (we) are responsible to make arrangements for my return home.

Elements of Risk:

The risk of injury may exist in Out-of-Classroom activities. Due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains to more serious injuries. The safety and well-being of students is the prime concern and the Near North District School Board shall make its best efforts to manage as effectively as possible, the foreseeable risks inherent in all activities.

The Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. It is recommended that you purchase accident insurance. If this activity relates to an out-of-province or out-of-country trip, appropriate accident insurance must be purchased for such travel. If you have not purchased this coverage, you shall not be permitted to participate.

Please Note: If a student has attained the age of majority, the signature of the parent or guardian is left to the discretion of the trip leaders. In this case, a student 18 years of age or older must sign this form. A copy of this form must be sent to all parents, regardless of the student's age. The completed form must be returned to the teacher at least one week prior to the field trip. Parents are invited to telephone the school if they require additional information.

Please Note: Freedom of Information

The information provided on this form is collected pursuant to the Board's education responsibilities as set out in *The Education Act* and its regulations. The information is protected under *The Freedom of Information and Protection of Privacy Act* and will be utilized only for purposes related to the Board's Administrative Guideline on Risk Management for Out-of-Classroom High Risk Activities. Any questions with respect to this information should be directed to the school principal.

Signature of Student

Date

STUDENT MEDICAL FORM

This form must be read and signed by every student who wishes to participate and by a parent or guardian of a participating student. Failure to return this form will result in the student not being able to attend the activity.

Student Name: _____

1. Family Physician _____ Phone # _____
2. Ontario Health Card # _____
3. Parent/Guardian _____
4. Home Phone _____ Work Phone # _____

5. a) Does the student suffer from any of the following? If YES, please check:
- | | | | |
|------------------------------|--------------------------|---------------------|--------------------------|
| Migraine Headaches | <input type="checkbox"/> | Digestion Problems | <input type="checkbox"/> |
| Fainting Spells | <input type="checkbox"/> | Allergies | <input type="checkbox"/> |
| Ear, Nose, Throat Infections | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Urinary Infections | <input type="checkbox"/> | Cerebral Palsy | <input type="checkbox"/> |
| Skin Conditions | <input type="checkbox"/> | Orthopedic Problems | <input type="checkbox"/> |
| Heart Disorders | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | | |

Other (please specify): _____

- b) Head or back conditions or injuries (in the past two years) _____
- c) Arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, dislocated shoulder, hernia, swollen or painful joints, trick or lock knee _____
- d) What precautions are required? _____
- e) What things must the student not do? _____
6. Blood Type (if known) _____
7. If she/he has allergies, what type? _____
Does he/she carry an EpiPen? _____ Who should administer? _____
8. Is a special diet required for medical reasons? Yes No
Please specify _____
9. Eyeglasses? Yes No Contact Lenses? Yes No
10. Does your son/daughter wear a medic alert bracelet, chain, or carry a medical card?
Yes No Please specify which _____
If yes, what is written on it? _____
11. Nature of problem or concern _____
12. Is the student prescribed any medication? _____ Type of medication _____
How often administered? _____
Who should administer medication? _____
Side Effects _____
Storage of Medication _____

Emergency Contact Name _____ Phone Number _____
 Alternate Emergency Name _____ Phone Number _____

I acknowledge that in the event that a) my child suffers from anaphylactic reactions that he/she will carry at least two (2) epinephrine injectors on the trip; b) my child is prescribed medication that he/she will carry a supply of medication sufficient for the duration of the trip plus an additional 50% supply; c) in the event that the medication requirements a) and/or b) are not met then he/she shall not be allowed to attend the trip.

Parent/Guardian’s Signature or Signature of Student over 18 _____ Date _____

Parents are encouraged to purchase student accident insurance as it is not provided by the Board.

Please Note: Freedom of Information

The information provided on this form is collected pursuant to the Board’s education responsibilities as set out in *The Education Act* and its regulations. The information is protected under *The Freedom of Information and Protection of Privacy Act* and will be utilized only for purposes related to the Board’s Administrative Guideline on Risk Management for Out-of-Classroom High Risk Activities. Any questions with respect to this information should be directed to the school principal.

EMERGENCY ACTION PLAN

Given that there is an element of risk in all physical activity, injuries may occur and therefore, it is necessary to establish a plan of action for dealing with an injury. The key to the Emergency Action Plan is getting the professional care to the injured student as quickly as possible. For that to happen efficiently and effectively, the person in charge of the activity must be prepared with an Emergency Action Plan. The following is a sample Emergency Action Plan taken from information found in: Ministry of Tourism/Recreation booklet "*Exercise Caution Prevent Sport Injuries, 1995*".

SAMPLE EMERGENCY ACTION PLAN

The following must be readily available:

1. Location and access to a first aid kit (see OPHEA guidelines for sample first aid kits);
2. Name of person qualified in first aid;
3. Location and access to a telephone and communication zones for cell phones;
4. Telephone number of ambulance and hospital (911);
5. Directions and best access routes to nearest hospital;
6. The whereabouts of a suitable and available means of transportation;
7. The identity of students with medical conditions (e.g. asthma, life-threatening allergies, diabetes) and the name of who may administer medication;
8. Location of medication (e.g. epi-pen, asthma reliever);
9. Other requirements as found in the OPHEA Guidelines;
10. Safety procedures related to severe weather conditions (i.e. lightning protocol, frostbite, heat stress, sun safety, etc.);
11. Guidelines for the protection of students from insects (use of repellents, etc.) and wildlife;
12. Procedures for activity-related concussion in students (ages 5-18) as per OPHEA guidelines;
13. Telephone numbers of Board personnel as outlined in the Administrative Guideline for School Bus Procedure.

There must be a designated supervisor (teacher, parent or responsible adult) capable of transporting an injured student to the hospital. This must not be the "in-charge" supervisor.

Teachers/supervisors must monitor weather conditions and postpone or modify the excursion to ensure safety of all individuals.

APPENDIX 'T'

PRINCIPAL'S/SUPERINTENDENT'S INFORMATION AND APPROVAL FORM
FOR OUT-OF-CLASSROOM ACTIVITIES

The form should reach the Superintendent's office at least two weeks prior to the date of the proposed activity.

School Name _____ Dates of Activity _____

Description of Activity _____

Grade (if applicable) _____ Number of Students _____

Number of Adult Supervisors in accordance with Near North DSB Guidelines _____

Destination _____

Date/Time of Departure _____ Date/Time of Pick-up _____

Information re Departure _____

Information re Pick-up _____

Cost Centre	Estimated Total Group Cost	Estimated Cost per Student	Net charge per student
Transportation			
Admission			
Accommodation			
Total			

The following criteria have been met with regards to the above-mentioned activity:

Criteria	Principal's Initials	Comments
1. Learning Objectives and Rationale		
2. Instructor and Information Qualifications		
3. Student Information and Qualification		
4. Site Condition		
5. Equipment		
6. Procedures for Approval		
7. Program Organization		
8. Master List of Participants and Phone #'s		
9. Preparation of an Emergency Action Plan		
10. Funding Arrangements		

Trip Leader's Name and Signature: _____ Date: _____

Copy of OPHEA Guideline attached Yes No

Required Approvals	Date Received	Response	Date	Signature
				Principal
				Superintendent

The principal's signature indicates this activity complies with Board Guidelines.