	<b>ALBERTA ADVANCE ACADEMY</b> 10435-76 Street NW Edmonton, Alberta, Canada T6A 3B1	<b>Phones:</b> Off: 780-466-7733 Off: 780-757-3456 Fax: 780-485-0507
<a href="mailto:JSS@SHAW.CA">JSS@SHAW.CA</a>	<a href="mailto:OfficeAAA@SHAW.CA">OfficeAAA@SHAW.CA</a>	<a href="http://WWW.AAAED.CA">WWW.AAAED.CA</a>

**Date Application Made:** \_\_\_\_\_ **Grade(s) Attending Trip:** \_\_\_\_\_

**Field Trip Location:** \_\_\_\_\_

Depart on: \_\_\_\_\_ at \_\_\_\_\_ Return on: \_\_\_\_\_ at \_\_\_\_\_  
 (date) (time) (date) (time)

**Name(s) of Supervising Teacher(s):** \_\_\_\_\_

**Name(s) of Supervising Teacher(s) with Current First Aid Training:** \_\_\_\_\_

**Date Substitute Required (if relevant):** \_\_\_\_\_

Educational Guidelines Completed: (x)  Yes  No Copy Attached: (x)  Yes  No

Safety Checklist Completed: (x)  Yes  No Copy Attached: (x)  Yes  No

**Transportations arrangements Completed:** (x)  Yes  No - If no then do so before approval..

**Transportation Arrangements:**

**Number of Students:** \_\_\_\_\_ **Number of Busses:** \_\_\_\_\_ **Driver:** \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_


Signature of the Coordinating Teacher \_\_\_\_\_ Date: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_

Guidelines Examined and Approved by the Vice Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_

Guidelines Examined and Approved by the Principal: \_\_\_\_\_ Date: \_\_\_\_\_

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## Educational Guidelines p. 1 of 2

(Attach More Information if Needed)

Description and Objectives of Excursion: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Activity fits the \_\_\_\_\_ Unit of the \_\_\_\_\_ Curriculum.


Planned Lead-Up Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Planned Follow-Up Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Teachers/Supervisors	Responsibilities	Special Notes or Details
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Educational Guidelines p. 2 of 2

(Attach More Information if Needed)

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Student Behavioural Expectations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AAA and the activity providers will do their due dilligence. In case of mishap the activty provider shall be responsible for their equipment, staff and regualtions enforced.

Number of Students Participating: \_\_\_\_\_ Grade(s): \_\_\_\_\_


Coordinating Teacher: \_\_\_\_\_

Number of Students per Supervisor: \_\_\_\_\_

Parent Permission Forms will be Sent Home on: \_\_\_\_\_  
 (date)

and Returned no later than: \_\_\_\_\_  
 (date)

Parents Notified of Risks Involved: (x)  Yes  No

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## Safety Checklist

	Planning Stage	Day of Trip
1. Consent forms (including description of: trip, transportation, times and dates, goals of trip and behavioural expectations) sent and returned	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Waiver form sent and returned	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bus Safety Reviewed with non-bus students	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Pedestrian Safety Reviewed	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Appropriate Number of Supervisors Present	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Volunteers have received copies of Educational Guidelines	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Emergency meeting place established upon arrival	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Health Care Numbers Recorded	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Alternate Contact Persons Established	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Field trip Application and Guidelines submitted	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Transportation organized and confirmed	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Itinerary established and sent home	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Emergency numbers secured	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Costs established and collected	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Equipment list (where relevant) established	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
16. First Aid Kit present	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Any additional safety reviews completed that are deemed necessary	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No