



CATEGORY 4 APPROVAL FORM

To be used for wilderness trips anywhere in Canada

Teacher/Organizer:	School:
Adult Supervisors Attending (Full names and phone numbers):	
Destination:	Mode of Transportation:
Grade/Course:	Date of Submission:
Departure Date:	Return Date:
Number of Students: boys: girls:	Number of Adult Supervisors: female: male:
Name of Travel Agent:	Type of Excursion: <input type="checkbox"/> Curricular <input type="checkbox"/> Co-instructional
Total cost to be paid by each Student: \$	
Summary of Proposed Activity:	

Curricular Relevance: (provide the overall expectations addressed)

Estimated Cost for Entire Group:		Anticipated Sources of Revenue:	
Accommodation	\$	School Accounts	\$
Travel	\$	School Fund-raising	\$
Cost of Supply Teachers	\$	Student/Parent share	\$
Meals	\$	Other:	\$
Programs/Materials	\$	Other: Teacher contributions, if applicable	\$
Other	\$		
Total	\$	Total	\$

It is understood that this excursion **will not** proceed without the approval of the Board and signed parental forms completed.

Checklist of Criteria: Include all of the applicable information below in the package submitted to the Superintendent

- | | |
|---|---|
| <input type="checkbox"/> Itinerary (including Mass if on the weekend)
<input type="checkbox"/> Contract Information
<input type="checkbox"/> Additional Medical Coverage needs considered
<input type="checkbox"/> History of Excursion – number of years: ____
<input type="checkbox"/> Certification required by staff attending: ____
<input type="checkbox"/> Educational objectives stated | <input type="checkbox"/> Information and consent letter to parents
<input type="checkbox"/> Liability waivers signed
<input type="checkbox"/> Supervision ratio in alignment with A.P. 305
<input type="checkbox"/> List of destination/emergency phone numbers provided
<input type="checkbox"/> Passports (if required) |
|---|---|

<input type="checkbox"/> This excursion complies with the OPHEA Guidelines for the High Care Activities listed below: 	
Teacher Signature	Date
Principal Signature	Date
Superintendent Signature	Date