

**Faculty of Science**

**Pre-Trip Planning Form**

**Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Field trip dates** | **Field trip Category (1, 2 or 3)** | **Field trip destination and itinerary**  | **Lead Instructor** | **Contact information for Instructor (cell, or satellite number)** |
|  |  |  |  |  |

Select appropriate Field Trip category below (see Field Trip Planning Guidelines document) and follow check-list:

|  |  |
| --- | --- |
| **Category 1 ☐** | **Category 2 ☐** |
| First Aid Kit ☐ | Student Waiver Forms ☐ |
| Correct Driver’s Licence ☐ | Signed Student Medical Forms ☐ |
| Driver Abstract ☐ | Instructor with Level I First Aid ☐ |
| Vehicle with Emergency Kit ☐ | Cell Phone ☐ |
|  | Pre-trip Report complete and filedIn main office. ☐ |

|  |  |
| --- | --- |
| **Category 3 (a) ☐** | **Category 3 (b) ☐** |
| 2 Instructors with Level I First Aid ☐ | Advanced Wilderness First Aid ☐ |
| Transportation Endorsement Training ☐ | Travel Insurance ☐ |
| Emerg. Entrance & Exit Points Id’d ☐ | Dean and VP Approval ☐ |
| Stretcher Board ☐ or Immobilizer ☐ |  |

**If a multi-day or multi-activity field trip please include a course itinerary below or attach a separate document to this file**

|  |  |
| --- | --- |
| **Date**  | **Day / Night and Description Location - Logistics Activity - How To Contact**  |
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| **IF the location you are going is not covered by a 911 Service then identify the Regional Emergency contact numbers specific to your destination.****Example - Clearwater Hospital** |
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| --- | --- | --- | --- | --- |
| **Student Names – List Below** | **Or attached**  |  | ☐ |  |
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|  |
| **Medical Issues– List Below** | **Or attached**  |  | ☐ |  |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

Additional Notes (time the cell phone will be on, etc.)

**Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**