

## Field Trip Plan

Please complete as required below and leave a copy with the Coordinating Instructor prior to trip departure.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                               |                          |    |                                 |                          |                          |                              |                          |                          |                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----|---------------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Program:</b></p> <p>Related Course(s) Codes:</p> <p>Learning Objective being applied:</p> <p>Mandatory Field Trip: ____ Yes ____ No</p> <p># of Students Participating:</p> <p>Depart Date: _____ Time: _____</p> <p>Return Date: _____ Time: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>Trip Coordinator &amp; Contact Info:</b></p> <p>Name #1:</p> <p>Position:</p> <p>Phone:</p>                                                                                             |                          |    |                                 |                          |                          |                              |                          |                          |                                                                                                                                             |
| <p><b>Destination Info:</b></p> <p>Name:</p> <p>Address:</p> <p>Contact Person(s):</p> <p>Telephone Number:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Transportation Information (if outside local campus area):</b></p> <p># Campus Vehicle(s):</p> <p># Rental(s):<br/>Specify Rental Agency contact info:</p> <p>#Student Vehicle(s)*:</p> |                          |    |                                 |                          |                          |                              |                          |                          |                                                                                                                                             |
| <p><b>Overview of Event/Activity:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: center; width: 15%;">YES</td> <td style="text-align: center; width: 15%;">NO</td> </tr> <tr> <td>Orientation provided to student</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Names of First Aid providers</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>(Only required if travelling to areas where emergency response providers are not available).</b></p> |                                                                                                                                                                                               | YES                      | NO | Orientation provided to student | <input type="checkbox"/> | <input type="checkbox"/> | Names of First Aid providers | <input type="checkbox"/> | <input type="checkbox"/> | <p><b>Costs:</b></p> <p>Approx. Field Trip Cost to NBCC:</p> <p>External Funding obtained:</p> <p>Source:</p> <p>Trip Cost for Student:</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES                                                                                                                                                                                           | NO                       |    |                                 |                          |                          |                              |                          |                          |                                                                                                                                             |
| Orientation provided to student                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                      | <input type="checkbox"/> |    |                                 |                          |                          |                              |                          |                          |                                                                                                                                             |
| Names of First Aid providers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                      | <input type="checkbox"/> |    |                                 |                          |                          |                              |                          |                          |                                                                                                                                             |

**\*NOTE:** The appropriate signed waiver must accompany this plan (see Policy 1123) for students who choose to use a vehicle under their control **or** to travel with a fellow student, if travel is outside of local campus area.

Attach a copy of the field trip orientation information and itinerary as issued to students.

**APPROVALS (signatures), AS REQUIRED:**

Instructor: \_\_\_\_\_ DATE: \_\_\_\_\_

Academic Chair/Manager, Professional and Part Time Learning: \_\_\_\_\_  
DATE: \_\_\_\_\_

Dean: \_\_\_\_\_ DATE: \_\_\_\_\_  
(All travel over 50 km)

VP, Academic and Research: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Out of Province/Country)

President: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Required for out of country travel)

**PARTICIPANT ROSTER & EMERGENCY CONTACTS**

(Add or delete lines as required)

| STUDENT NAME | EMERGENCY CONTACT NAME | Emergency CONTACT PHONE |
|--------------|------------------------|-------------------------|
|              |                        |                         |