

SCDSB FIELD TRIP VENUE APPLICATION FORM  to host SCDSB students at your facility			
Venue			
Contact information	Contact name:		
	Address:		
	Phone number:		
	Email:		
	Website:		
Maximum number of attendees			
Facility is wheelchair accessible	Yes No		
List of activities			
Activities available in French	Yes No		
Target grade(s)			
Cost per student			
Certificate of Insurance (COI)	COI attached - SCDSB must be listed as a certificate holder with minimum \$2,000,000 general liability coverage		
Preparatory activities			
Follow up activities			
Ophea	I/we have reviewed applicable Ophea guidelines and confirm that all activities follow applicable Ontario Physical Activity Safety Standards in Education – <a href="https://safety.ophea.net">https://safety.ophea.net</a>		

	I/we understand that students will be using SCDSB high risk consent form in place of the venue waivers/consent forms.			
Consent forms	I/we require a blank copy of the SCDSB high risk consent form to be reviewed by the insurance company.			
	For insurance purposes, copies of completed consent forms for all students attending are to be provided on the day of the visit.			
Presentation(s) during field	trip			
Notes/presentation(s)	Attached	N/A		
Handouts	Attached	N/A		
Surveys/forms to be completed by students	Attached	N/A		
Video link(s)				
Acknowledgements:				
No photos will be taken or shared by you or your staff.				
Only information approved in this application will be shared with students. No other information will be presented/communicated to students.				
No advertising o	or promotional information	n will be sent home with staff and s	tudents.	
l/we acknowledg 2022-23 advisor	•	ur, N-word is prohibited – <u>click here</u>	for the	
I/we understand that any discrimination, harassment, bullying, hate-related behaviour and aggression, on protected grounds under the Ontario Human Rights Code in any form (e.g., by conduct, electronic, printed or verbal) shall not be tolerated or condoned.				
Note: Student mental health Tool when reviewing applic		nool Mental Health Ontario Decision	Support	
References:				
Name and contact information	n:			
Name and contact information	n:			
Name and contact information	n:			
Completed by:				
Name:	Signature:	Date:		