



INTERNATIONAL FIELD TRIP PLAN & APPROVAL

INITIAL INFORMATION	
Field Trip Leader:	Date:
Name of Trip:	
On Campus Contact:	
Destination (Country, City & Region):	
Departure Date:	
Return Date:	
TOTAL NUMBER OF TRAVELERS & TRAVELER NAMES	
Faculty/Staff:	
Students:	
Approved Resource Person(s) & Description of Role:	
Total Number of Participants:	
FIELD TRIP LEADER CONTACT INFORMATION	
Cell Phone:	
Email:	
Other: (Skype, WhatsApp, Facebook etc.)	
Preferred method of contact: (Phone, email etc.)	
Frequency field trip leader will connect with Inted: (i.e. once a week)	

RISK ASSESSMENT

If applicable, please list any additional risks and mitigations that were not identified on in the initial risk assessment of the travel proposal.
www.travel.gc.ca

ATTACHMENTS

Please attach the following documents for all participants (where applicable) to this travel plan:

- ☐ Finalized travel itinerary – including flight itinerary, accommodation, addresses, phone numbers & primary contacts if available
- ☐ Emergency protocol forms for each participant - including travel leader (acquire from International Education)
- ☐ Medical disclosure forms for each participant (acquire from International Education)
- ☐ Copies of passport for each participant
- ☐ Proof of insurance coverage
- ☐ Travel waiver for each participant

FIELD TRIP LEADER**I certify that:**

1. All information is accurate and up to date.
2. I verified all political, security, health and cultural information about the proposed countries on the Federal Government Department of Foreign Affairs website and reviewed these issues with the Medicine Hat College International Education Department.
3. The risks of this trip have been identified and mitigations provided as described herein.
4. I will make reasonable and practical decisions to protect life, property and reputation.
5. I will provide a copy of this entire plan to International Education.
6. I will ensure all travel members are fully briefed prior to departure.

FIELD TRIP LEADER: I HEREBY REQUEST APPROVAL FOR THIS TRAVEL PLAN.

Signature:

Date:

APPROVAL – Please obtain the signature of your Dean before the Office of International reviews this form.

Dean Signature:

Date:

Director, International
Signature:

Date:

VP Signature:

Date:

Distribute when Approved:

1. Division Administrative Assistant
2. International Office Assistant
3. Condensed copy for trip leader