Field Trip/Student Placement/Research Activity Approval Form
Complete all information on this form and attach risk assessment for approval process

Name: __________________________________________ Email address: ____________________________
Department: __________________________________ Dates of Trip: ________________________________
Submitted By: __________________________________ Location of Activity: __________________________

Description of Activity: ______________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Please select type of activity (*see definitions for clarity):

☐ Field Trip (follow the procedural guidelines as outlined in Section 6)
☐ Student Placement (follow the procedural guidelines as outlined in Section 6)
☐ Research Activity (follow the procedural guidelines as outlined in Section 6)

Risks: check as many as may apply *see definitions if needed

☐ Low Risk

☐ Significant Risk
   Extreme Risk

☐ Travel Risk
☐ Health Insurance Risk
☐ Health Risk

__________________________________________

Approval by Supervisor:
Name: ______________________________ Signature: __________________ Date: __/__/____

Approved by Department Chair/Director:
Name: ______________________________ Signature: __________________ Date: __/__/____

*All fields with exception of EOHSS and Senior Management signatures must be completed before submitting*

Approved by EOHSS:
Name: ______________________________ Signature: __________________ Date: __/__/____

Approval of Senior Management:
Name: ______________________________ Signature: __________________ Date: __/__/____