

Please send a copy of this completed Approval Form and accompanying documentation to the Secretary-Treasurer for approval, c/o EICS' Central Learning Services.

School: _____

Area of Use: _____ Date of Use: _____

User Group: _____

If Group is external to the Division, Superintendent's signature required here: _____

Activity Description: _____

Hours of use (including setup and cleanup) from: _____ to: _____

Note: If deemed necessary, a caretaking charge may be levied.

of Students: _____ #of Staff Supervisors: _____ # of Parent Supervisors: _____

Name of Organizer: _____ Phone # for Organizer: _____

Note: Requests must be received by the Secretary-Treasurer 72 hours prior to start of event or the school will be charged a processing fee of \$50.00

Please place a check mark (✓) for completed items and 'n/a' for items that are not applicable.

| | |
|--|---|
| <input type="checkbox"/> Staff/Parent Supervision | <input type="checkbox"/> Food preparation and disposal |
| <input type="checkbox"/> Informed parent consent | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> Contact number for parents | <input type="checkbox"/> Student attendee list |
| <input type="checkbox"/> Emergency/fire evacuation plan in place | <input type="checkbox"/> Risk assessment Form 260-2 is attached |
| <input type="checkbox"/> Police notified | <input type="checkbox"/> List of emergency numbers for team leaders |
| <input type="checkbox"/> Fire department notified | <input type="checkbox"/> Building security is planned |
| <input type="checkbox"/> First Aid kit available | |
| <input type="checkbox"/> Insurance verification confirmed by the Secretary-Treasurer or designate (only for outside user groups) | |

Facility Services Responsibility:

Security Notified Heating & Ventilation Alarm Company Notified

| | | |
|----------------------------|---------------------------------|-------|
| _____ | _____ | _____ |
| Activity-Supervisor's Name | Activity-Supervisor's Signature | Date |
| _____ | _____ | _____ |
| Approving Principal's Name | Approving Principal's Signature | Date |
| _____ | _____ | _____ |
| Secretary-Treasurer's Name | Secretary-Treasurer's Initials | Date |