

Outing Form for completion by trip organiser



Not all sections will be relevant to every proposed visit:

1. Group Leader _____ Deputy Leader _____

2. Group: _____

3. Purpose of visit: _____

4. Specific educational objectives: _____

5. Places to be visited: _____

6. Date of Departure: _____ Date of Return: _____

Time: _____ Time: _____

7. Transport arrangements: _____

8. Organising company/agency (if any).

Name _____ Address _____

_____ Tel: _____

9. Existing knowledge of places to be visited, whether an exploratory visit is intended,
references obtained _____

10. Bursar forms 1 and 2 completed with all students' names and discussed with Bursar (incl. cost of any preparatory visits): YES/NO

11. Accommodation to be used if applicable

Name: _____ Tel Number: _____

Head of Centre/ Point of Contact:: _____ Address: _____

12. Details of the programme of activities: _____

13. Names and specific responsibilities of staff accompanying the party: _____

14. Names and specific responsibilities of other CRB checked adults accompanying the party:

15. Name and telephone number of the contact person who holds all information about the visit or journey, in case of an emergency: _____

16. Size and composition of the group:

Number of students: _____ Age range: _____

Adult to pupil ratio: _____ No. special needs students: _____

17. Names of pupils with special educational or medical needs: _____

Lessons missed (if applicable): _____

18. Has the group leader received all consent forms duly completed and signed? YES/NO

Please attach copy of information sent to parents, the parental consent and risk assessment forms.

Signed: _____ Date: _____

| |
|-------------------------|
| Comments from Principal |
|-------------------------|



Confirmation of approval from the Principal for an Educational visit

To be completed by the Principal

I have studied this application and am satisfied with all aspects including the planning, organisation and staffing of this visit. Approval is given.

Please ensure that I have all relevant information including a final list of group members, details on parental consent and a detailed itinerary at least seven days before the party is due to leave.

Your report and evaluation of the visit including details of any incidents should be with me as soon as possible but no later than 14 days after the party returns.

Signed: _____ Date: _____

Please make the following alterations to your request before approval is given

Notes:



Evaluation of the visit by the visit organiser

To be submitted to the Principal not more than 14 days after the visit

| | |
|----------------------|--|
| Group Leader | |
| Accompanying Staff | |
| Number in Group | |
| Date(s) of Visit | |
| Purpose(s) of Visit: | |
| Venue | |
| Tour Organiser | |

Please comment on the following features:

| | Rating out of 10 | Comment |
|--|------------------------|---------|
| Liaison with the venue | | |
| Travel arrangements | | |
| Content of education programme provided | | |
| Quality of instruction given | | |
| Equipment | | |
| Suitability of environment | | |
| Accommodation | | |
| Food | | |
| "close calls" not involving injury or damage: | | |

Signed: _____ Date: _____

Group leader's full name: _____

To be detached and completed after all ventures and logged in the school's records.



Checklist for pupils

| QUESTION | ANSWER |
|--|--------|
| Where am I going to visit? | |
| Who is the group leader? Who is the deputy group leader? | |
| What is the purpose of the trip? | |
| Which other staff are accompanying the group leader? | |
| Who is in my working group? (This is the group you must stay with AT ALL TIMES) | |
| What should I do if I get lost or into difficulties? | |
| What do I do to keep my money and valuables safe? | |
| What time is lunch and where are we meeting? | |
| What time does the visit end and where are we meeting? | |
| What am I to wear on the visit? | |
| What time are we leaving the school? | |
| What time will we return to school? | |



Example of Parental Consent form for a visit

Date _____

Details of visit to: _____

Who is leading the trip, why you are going, what educational benefit is there, does this link with any particular subject. Will students require special equipment/uniform. Will they require money. Will a packed lunch be provided? Is there a cost implication – will it be added to the account, does it need to be paid for with the return slip, will students pay their own fares?

Leaving Hurst Lodge at _____ Returning to Hurst Lodge at _____
We will be travelling by coach / school car / train.

I agree to (name) _____ taking part in this trip and have read the information sheet. I agree to them participating in the activities described and acknowledge the need for them to behave responsibly.

Parents should be asked to provide medical information on their child, it may be suitable to state that we will take the medical details updated in the September to be correct – any alterations or additions should be advised.

Medical information about your child

a. Any current conditions requiring medical treatment, including medication? **YES/NO**
If YES, please give brief details:

Any pupil with asthma is responsible for their own inhalers

b. Please outline any special dietary requirements of your child:

d. Is your son/daughter allergic to any medication? **YES/NO**
If YES, please specify:

3. Contact details:

Mother/Father/Guardian

Work: Home:

Mobile: _____

Home address _____

Child's date of birth: _____

Alternative emergency contact: _____

Name:Telephone number:
Relationship:

4. Medical consent for residential trips

Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I give permission for staff in charge to administer non prescriptive medicine e.g. paracetamol and to give my child first aid.

Family doctor:

Telephone number:

I understand the extent and limitations of the insurance cover provided. (details should be sent home – this is for residential trips only)

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY TO _____ AND CONSENT TO MY CHILD PARTICIPATING. I AGREE THAT MY CHILD WILL ADHERE TO THE CODE OF CONDUCT.

I will inform the Group Leader/Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed:

Date:

Please return to

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL . A larger copy of this is available on Staff Share.

The group leader should state whether a pre visit meeting will be held and when and should sign the letter.



Communication with parents

Date letter/s sent to parents

Date all parental consents received

Information sent gives details of:

| | |
|--------------------------|--------|
| The location | YES/NO |
| Educational value | YES/NO |
| Activities to take place | YES/NO |
| Staffing and supervision | YES/NO |
| Travel arrangements | YES/NO |
| Cost and deposit | YES/NO |
| Clothes required | YES/NO |
| Code of conduct | YES/NO |
| Pocket money | YES/NO |

For visits that are longer than one school day:

What is the date of the pre visit meeting with parents?

Have the parents been informed of: (in addition to the information above)

| | |
|---------------------------------|--------|
| Accommodation | YES/NO |
| Inoculations/health precautions | YES/NO |
| Passport/visas | YES/NO |



Staff details for visit

Staff Name

Visit to _____ Date of visit _____

Medical information

a. Any current conditions requiring medical treatment, including medication? **YES/NO**
If YES, please give brief details:

b. Please outline any special dietary requirements:

d. Are you allergic to any medication? **YES/NO**
If YES, please specify:

Contact telephone numbers:

| | |
|--------------------|-----------------------------------|
| Emergency contact: | 2 nd Emergency Contact |
| Name:Tel No: | Name:Tel No: |
| Relationship: | Relationship; |

Medical consent for residential trips. **Declaration**

I agree to receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Family doctor: Name : Telephone number:

I understand the extent and limitations of the insurance cover provided

I will inform the Principal as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey. I consider myself fit and healthy and competent to participate / lead this trip. I have read and understood the schools policy on Safeguarding, Behaviour, Drugs, Alcohol and Tobacco and will adhere to the guidelines laid out by the school.

Signed:

Date:.....



Summary of information about children and adults participating in a visit

| SURNAME | FORENAME | DOB | ADDRESS | CONTACT PHONE NUMBER | RELEVANT MEDICAL INFORMATION |
|---------|----------|-----|---------|----------------------------|------------------------------------|
| | | | | | |



Emergency contact information for educational visit

Name of Outing _____ Date _____

To be completed before the visit. One copy to be held by the group leader, one to be held in school office.

| | |
|--|-------------------|
| Emergency contact information During school hours Principal Bursar | Tel |
| Out of school hours Principal Bursar Other Emergency Contact Name: | Tel |
| Group Leader Mobile Deputy Leader Mobile Other Staff Mobile | Tel Tel Tel |

| | |
|--|-----------------|
| Coach Company Name: | Tel: |
| Travel Company (where relevant) Name | Tel: |
| Accommodation (where relevant) Name: | Tel: |
| British Embassy/High Commission Name: | Tel: |
| Travel Insurance Details | Policy Numbers: |
| Flight Details | Flight Number |
| Airport | Terminal |
| Airline Contact Number: | Check in time: |
| Estimated flight time: | |
| Tour Operators Insurance Indemnity ATOL Number: | ABTA Number |
| Nearest hospital | Tel |

Do you have an emergency contact list for everyone in the Group? YES/NO

(If no, obtain one. If yes, attach it to this sheet.)

In case of any emergency occurring on a school trip your priorities are:

Contact appropriate Emergency Services

Contact School

At no point should pupils be allowed to use mobile telephones if there is an emergency on a trip. The school has a policy to be followed and will contact parents when necessary.

Do not make any unauthorised comments – refer any questions, beyond immediate operational requirements, to the school.



Risk Assessment – things to be considered

This list is BY NO MEANS EXHAUSTIVE, it is intended to assist in thinking about the risks on trips, but each trip is different and will have its own unique set of risks. However it is also important to recognise that with good planning and management, all potential problems can be avoided and an “act of God” cannot be planned for.

The major areas which need to be evaluated are:

Leaders
Group
Travel
Venue
Programme
Environmental conditions
Communications

The following may help you to focus on specific risk elements

General

Do you have a person trained in First Aid?

Do all staff know emergency procedures?

Does group leader have emergency contact list?

Is a head count conducted at all relevant points? Where?

Are there any existing terrorist threats?

Consultation with appropriate agencies regarding security issues?

Have all staff seen risk assessment for the trip?

Are children with “specific needs” catered for?

Are any medical conditions catered for both pupils and staff?

Are any health precautions or inoculations necessary?

How will you ensure the security of personal possessions?

Do all students understand your “Code of Conduct” for the trip?

What are the qualifications of any programme providers?

What is the policy of any unsupervised time?

What should a child do if they become separated?

Does the weather affect any aspect of the visit?

How are injuries minimised and handled?

What is your ratio of pupils to staff (this is not a prescribed number but determined by the risk management)

What provision is made for meals and what do we consider to be “a meal”?

Have you seen or obtained a copy of the risk assessment in place for the venue?

Travel Arrangements

Consultation with appropriate agencies regarding security issues?

Are you using a reputable coach company?

Does the driver appear fit to drive and the coach in good condition?

Are adequate arrangements in place for pupils to enter and leave the coach safely?

Is there an adequate staff pupil ratio?

Is there adequate provision for sickness?

What is the procedure should the vehicle breakdown?

What is the procedure for unscheduled stops? Are pupils seated with belts, are booster seats necessary?

Is a parent driving – have you got a copy of the licence, insurance, MOT and does the bursar have a CRB check on the parent?

Farm Visits

Handling animals and implications of disease/infection

Safety around farm equipment and machinery

Does the centre used have Residential Trips?

Is a risk assessment of its facilities in place?

Are First Aid arrangements satisfactory?

Are fire arrangements satisfactory?

Is sleeping accommodation secure?

Is there a safe?

Are there areas which are out of bounds?

If rooms are on ground floor, are there window locks (check to see if there is a first floor alternative?)

What are the meal plans if accommodation is not full board?

What is the behaviour expected in the accommodation?

If abroad, are there any issues regarding language?

If abroad, how are passports to be held?

Will other groups be using the accommodation and how may this affect your party?

Are the needs of all individuals catered for?

Are all activities part of the educational process (be careful re "fun" things at the end of the day, they can be fraught with danger)

Manual handling of luggage

Will there be an opportunity to swim and how will it be managed

Visit to Coastal Areas

Identification of immediate hazards such as proximity to the sea,
proximity to cliffs, slippery rocks

Have tidal conditions been checked?

What facilities are available in the vicinity?

Are lifeguards in attendance, or do we have relevant contact details?

How far away is the nearest lifeboat/air rescue station?

General Points of Guidance

It is recommended that children should be paired, not necessarily with their best friend, and that this is a buddy with whom they remain and “look out for” for the duration of the trip.

DfES guidance states that: “ Swimming and paddling or otherwise entering the waters of river, canal, sea or lake should never be allowed as an impromptu activity. The pleas of children to be allowed to bathe – because it is hot weather, for example, or after a kayaking exercise – should be resisted where the bathing has not been prepared for.”

DfES recommends that schools use Adventure Activities Licensing Regulations 2004 (AALA) licensed outdoor centres when providing activities which require a license (types of climbing, caving, trekking and non-powered water activities); outdoor centres which run non-licensable activities must still have comprehensive safety systems in place

If there is a possibility that an activity may need to be changed at the last minute, please create a Plan B and risk assess it.

For residential trips, please consider where you would take the students should there be a problem with the hotel or the centre that you are using ie: fire, flood etc

Make sure you have thought of worst case scenarios and how you would handle them. Then hopefully you will never need to use them.

Reviewed December 2009, Next Review Date: January 2011

This policy remains under constant review in line with best practice