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| Name and location of visit: |  |
| Date(s) |  |
| Name of Visit Leader & Contact Number |  |
| Additional Leaders |  |
| Emergency Contacts  *(share all trip info inc. medical details with all emergency contacts)* | School office - 01905 352615  1.  2.  3. Greg McClarey – 07516 502300 |
| Time of departure from school |  |
| Name and address of accommodation |  |
| Methods of transport (hired, coach, train, school minibus etc) |  |
| Name of coach company (if applicable) |  |
| Train times of outward journey (include departure and arrival times) (if applicable) |  |
| Train times/date of return journey (include departure and arrival times) (if applicable) |  |
| Time of arrival/date of arrival back at school |  |

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| **Staffing** | |
| Visit Leader has completed a **Visit Approval Form** and has received full approval, there are sufficient Leaders and helpers to ensure effective supervision. |  |
| All Leaders and helpers are clear about their roles and responsibilities during the trip and are considered competent. |  |
| All Leaders and helpers have received all relevant information about the visit including copies of **Generic** and **Specific Risk Assessments** |  |
| **Timing** | |
| Timings have been communicated to parents, students and appropriate staff. |  |
| Site and office staff are aware of when and where coaches will be collecting and dropping off. |  |
| If the trip involves early and /or late pick up Kay Taylor has been informed and parents have been asked to keep noise down to a minimum. |  |
| If access to the bus bay is needed trip leader knows the up-to-date back gate code |  |
| **Activities** | |
| The programme of activities is appropriate to the age and nature of the participants. |  |
| **Generic** and **Specific Risk Assessments** have been created and consider the different activities on the visit. |  |
| If external providers are being used checks have been made to ensure appropriate qualifications and expected standards are met. |  |
| Suitable insurances are in place. This may be through the college insurance policy or a provider insurance. |  |
| There is access to first aid appropriate to the planned activity, group and location. If this is not the case, then a qualified First Aider has been included in the staffing. |  |
| Emergency contacts have been shared with all Leaders and helpers using the **Emergency Contact Crib Card**. |  |
| **Group** | |
| Parents have given consent and have provided up to date contact details, medical info and dietary requirements. |  |
| Parents of any students who have specific medication needs have been contacted to discuss requirements. |  |
| For those students with an Adrenaline Auto-Injector (AAI), parents have been informed of emergency procedures and collection of spare medication from Pupil Reception has been confirmed. |  |
| **Environment** | |
| Factors such as weather, and any other hazards have been considered and a Plan B is in place. |  |
| Accessibility to the site has been checked for all participants. |  |
| There is sufficient knowledge of the site to be visited either through previous visits, familiarity with the venue or from other sources. |  |
| **Remoteness** | |
| Sufficient and appropriate transport has been arranged to access the site. |  |
| Routine and emergency communication arrangements have been considered for all planned activities. |  |