

Hazard	Who	Severity	Likelihood	Residual Risk	Control measures
Grounds and area inside and surrounding the venue	All	Low	Low	Low	Brief pupils on the area and the limits of the area that they can freely move around in. Identify any hazards. Brief pupils on expected standards of behaviour and lights out times.
Roads and car parks at the venue	All	Medium	Low	Low	Advise of road safety awareness; no running; staff supervision.
Fire or emergency in Buildings	All	Medium/ High	Low	Low	Upon arriving at venue identify a suitable meeting point in the case of an emergency. Brief pupils to read fire and evacuation procedures which should be located in their rooms. Brief pupils to identify their escape routes. Remind pupils not to use lifts in an emergency. Allocate staff to groups of pupils for head count, ensure lists of names are available. Once all the party is accounted for inform the staff at the venue. If any pupils are unaccounted for inform venue staff immediately so that a search can be initiated. Work in conjunction with venue staff and emergency services. On overseas visits make sure that pupils have copies of the emergency signs in use in that country before departure. If it is not possible show examples during safety brief upon arrival.
Losing valuables	All	Low	Low	Low	Advise pupils on the need to be cautious with money and valuables. Arrange safe keeping by staff or hotel safe if necessary.
Swimming pools, gyms, saunas	All	Low Medium High	Low	Low	Advise on the venue rules about the safe use and any age limits in force. Lifeguards must be present at all times for swimming pools.

Hazard	Who	Severity	Likelihood	Residual Risk	Control measures
Conflict with other groups	Pupils	Low	Low	Low	Pupils advised of appropriate behaviour; staff supervision.
Minor Injury/ sickness	All	Low	Low	Low	Staff have first aid kit for minor injuries. Pupils should be briefed on how to contact staff in cases of ill ness, especially overnight.
Personal medication	Pupils	Low / Medium	Low	Low	Staff should arrange for medicines to be stored in a safe place or fridges if necessary and arrange suitable times for issue.

Assessed by:	T Buckley	Date:	8/9/11	Issue Number	1
Approved by EVC	T Buckley	Date:	8/9/11	Modified	
Trip Organiser		Date:		Signature	

Hazard	Who	Severity	Likelihood	Residual Risk	Control measures
Travelling on a plane	All	Low	Low	Low	Airline risk assessment. Airline safety procedures.
Crossing roads and car parks at airport	All	Medium	Low	Low	Advise of road safety awareness; no running; staff supervision.
Conveyor belts	All	Low	Low	Low	Advise pupils to stand well clear of moving conveyor belts; if depositing/retrieving luggage care should be taken; pupils must not sit or attempt to ride on them.
Personal safety at airports	All	High	Low	Low	Stay in small groups; ignore strangers; safeguard belongings; if in any doubt seek adult assistance.
Getting lost at airport	All	Low	Low	Low	Controlled coach disembarkation; close staff supervision into terminal and a base established in departure area; close supervision of boarding plane with a member of staff being first and last on/off.
Conflict with other groups	Pupils	Low	Low	Low	Pupils advised of appropriate behaviour; staff supervision.
Claustrophobia	All	Low	Medium	Low	Keep in groups; staff supervision.
Emergency procedures	All	High	Low	Low	Must listen to explanations of emergency procedures.
Injury/air sickness	All	Low	Low	Low	Staff have first aid kit and sickness bags. First aid facilities also available on aircraft.
Air accident	All	High	Low	Low	Contact emergency services if possible; move those able to walk to a safe location; render first aid to casualties; control communication with parents (restrict pupil use of mobile phones); contact School and parents as appropriate; liaise with emergency services; if possible at least one member of staff should accompany any injured pupil(s) to hospital and remain at hospital until parents arrive; member(s) of staff supplied with means of returning home when parents arrive.

Assessed by:	T Buckley	Date:	8/9/11	Issue Number	1
Approved by EVC	T Buckley	Date:	8/9/11	Modified	
Trip Organiser		Date:		Signature	

Hazard	Who	Severity	Likelihood	Residual Risk	Control measures
Moving around on London Underground				Low	London Transport risk assessment.
Claustrophobia	All	Low	Medium	Low	Keep in groups; staff supervision.
Getting lost	All	Low	Low	Low	Pupils given instructions in the event of them failing to board/leave train; pupils have staff telephone numbers; staff supervise boarding and disembarkation of trains.
Failing to board train	All	Low	Low	Low	If it is a pupil. They are to remain on the platform and wait for staff member to return. Rest of party to be mustered at a convenient point. One member of staff to return to station, collect missing pupil or pupils and rejoin the rest of the party. Contact London Underground staff for younger pupils. If it is a member of staff. They are to take the next available train and join the rest of the party at the destination station.
Failing to leave train					If it is a pupil. They are to leave train at the next station and stay on that platform until joined by a member of staff. One member of staff takes next train and meets missing pupil at the next station and then rejoin the rest of the party. Contact London Underground staff for younger pupils. If it is a member of staff. Staff to return to station and rejoin rest of party.
Injury	All	High	Low	Low	No running; staff carry small first aid kits.
Losing money	Pupils	Medium	Medium	Low	Warn pupils to keep purses/wallets safe and be aware of pickpockets.
Mobile telephones	All	High	Low	Low	Warn pupils of unnecessary use of mobile telephones due to risk of theft/muggings.
Station platforms	All	High	Low	Low	Advise to stand well clear of platform edges; observe safety rules of London Transport; staff supervision.

Assessed by:	T Buckley	Date:	8/9/2011	Issue Number	
Approved by EVC	T Buckley	Date:	8/9/2011	Modified	
Trip Organiser		Date:		Signature	

NEWCASTLE UNDER LYME SCHOOL

APPROVAL IN PRINCIPLE VISIT FORM

Please complete this form and forward it to the Head for approval.

Visit to			
Purpose of visit			
Leaving on (date):		at (time):	
Returning on (date):		at (time):	
Pupils involved	Form	Boys	Girls
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	Total		
Transport to be used			Approximate cost per pupil
Name of member of staff organising the visit			
Names of members of staff supervising (Include your name in both categories if you are organising and supervising)			
Signature of organiser			Date
Head's Comments if appropriate			
Approved in principle by Head			Date

When a visit has been approved in principle by the Head, a copy will be returned to you. You should then carry out the detailed planning and complete Form EV2 which should be submitted to the EVC. A trip may only go ahead when final approval has been given by the EVC.

NEWCASTLE UNDER LYME SCHOOL

EVC VISIT APPROVAL FORM

Please complete this form and forward it to the EVC for approval.

		Trip Number EVC use only	
Visit to			
Purpose of visit			
Leaving on (date):		at (time):	
Returning on (date):		at (time):	
Pupils involved	Form	Boys	Girls
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	Total		
Transport to be used			
Cost per pupil			
Name of member of staff organising the visit			
Names of members of staff supervising (Include your name in both categories if you are organising and supervising)			
Signature of organiser			Date
Organiser's comments			

Visit Requisition COPIES OF PAGE 1 AND 2 TO BE SUBMITTED TO THE ACCOUNTS OFFICE WHEN COMPLETE

School Lunch		Accounts Office Serial Number	
No. in Party normally taking school mid-day meal	Staff	Pupils	

Estimated Costs

Transport:	Quantity	Unit cost	Sub-Total
School minibus / Private Car (miles)			
Coach			
Train			
Other			
Tickets/Entrance Fees:			
Other Costs:			
		Total	

Financing Proposals

	Quantity	Unit cost	Sub-Total
Charge to Pupils			
Other Contribution			
School Budget: (Code to be Charged)			
		Total	

Payment Arrangements

To be invoiced to the school for payment in due course	
Cheque to be sent as Advanced Booking direct/by me	
Payable to	
Address	

Cash Advance to meet payments during visit (e.g. meals)

Sterling	
Foreign	
Total	

Signed (organiser)		Date		Agreed (Budget Holder)	
Approved by Headmaster				Date	

Planning Check list

Item	Seen	Comments	EVC
Head's approval Form EV1			
Accounts Form EV2 page 3			
Accounts approved			
Staffing			
Group Leader qualification/experience			
Supervising staff qualifications/experience			
Staff : Pupil Ratio			
CRB checks Parents/Volunteers			
First Aid			
First Aid qualified Staff			
First Aid kit booked			
Type of visit			
Type of visit: A Normal Risk			
(Risk) B Additional Risk			
C High Risk			
Type of visit: General Consent			
(Consent) Residential			
Overseas			
Acceptance for charge Form EV 5			
Information to pupils and parents			
Letters for parents			
Change to contact / medical details reminder paragraph			
School emergency contact details			
Alcohol policy			
Insurance Basic school Policy Additional Cover			
Overseas trips			
Passports			
Visas			
Foreign legislation			
EHIC Cards			
Pupil Briefing			
Accommodation safety briefing			
Risk Assessments			
Generic			
Specific			
Signed by supervising staff			

Special requirements form School			
Meals			
Rooms			
External providers			
IAALA licence			
Public Liability Insurance Certificate			
Activity Risk Assessments			
Transport			
Transport	Minibus / car		
	Coach		
	Train		
	Plane		
	Other		
Drivers	Minibus qualification		
	Private car insurance		

Nominated Emergency Contacts

Contact 1 EVC use		Home	Dates	
		Mobile		
Contact 2 EVC use		Home	Dates	
		Mobile		

EVC Comments if appropriate

Organisers signature		Date	
Approved by EVC		Date	

NEWCASTLE UNDER LYME SCHOOL

RESIDENTIAL AND OVERSEAS PARENTAL CONSENT FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Department	
Visit / Activity	
Date	
Location	

Please sign the following sections of your acceptance and consent:

Section A Parental Consent

I have received and accepted written details of the above activity and give my consent to

Name of student taking part.

I understand that emergency contacts and medical information will be copied from the general consent form signed at the beginning of the academic year. I accept that it is my responsibility to keep the school informed of any changes to the details given in that form that occur prior to this trip taking place.

Your signature		Name in print	
Date			

NEWCASTLE UNDER LYME SCHOOL

Off-Site Activities - Debrief

Please complete and submit to the educational Visits Co-ordinator on completion of the activity.

Activity

Date

Location

Leader

Transport

Names of carriers used on your journey

Please indicate

Punctuality	Poor	Good	Excellent
Standard of Transport	Poor	Good	Excellent
Standard of Driving	Poor	Good	Excellent
Attitude and helpfulness of the driver	Poor	Good	Excellent

If you used a school / hired vehicle were you satisfied with the condition and roadworthiness of the vehicle? Yes / No

If no, please give details below

Did any school / hired vehicle sustain damage during the visit? Yes / No

If yes, please give details below

Accommodation

We used	Hotel	Hostel	Centre	other
Name of hotel / hostel / centre				
The standard of the accommodation was		Poor	Good	Excellent
The standard of the catering was		Poor	Good	Excellent

Centre Staff / Instructors / Tutors

Quality of instruction / tuition		Poor	Good	Excellent
----------------------------------	--	------	------	-----------

Accidents, injuries and illnesses

Did you have any accidents, injuries, illnesses? If "yes" please enter details below Yes / No

Did you encounter any problems with dealing with the situation? If "yes" please enter details below. Yes / No

Have you completed an accident report form? Yes/No/NA

Insurance

Have you had to make a claim on the insurance cover? Yes / No
If "yes" please indicate the nature of the claim below.

Have you experienced any difficulty with the insurance company? Yes / No
If "yes" please indicate the nature of the claim below.

If you experienced any problem during your activity, can you identify anything in the planning stage which may have made the situation less likely? Yes / No
If "yes" please comment below.

Did you experience any incidents of serious indiscipline amongst the group which you consider warrants further action?
If "yes" please comment below.

Yes / No

Please make any observations you may have which could be of value to staff in the planning and running of any future off-site activities.

Name (block capitals)

Signature

Date

NEWCASTLE UNDER LYME SCHOOL

CONSENT AND ACCEPTANCE OF CHARGE FORM

I agree to my son/daughter:

NAME: _____

FORM: _____

PUPIL NO: _____



Being charged for: _____

and I authorise the cost of £_____ being charged to my School Fees Account.

Signed _____ Date _____



ACCIDENT REPORT

Name of Injured Person :

Address:

..... Tel. No:

Occupation:

Date of Birth: Form:

Date of Accident: Time: Place:

Nature of Accident:

.....

Treatment and Outcome:

* If the injury requires hospital treatment, please contact Sister G Ellis.

Signature of Teacher in Charge: Date:

Employer only – If the accident is reportable under RIDDOR

Date reported: Signature:

Method of reporting:

Issue 1 September 2011

NEWCASTLE UNDER LYME SCHOOL

Educational visits and trips Parental Consent Form

PLEASE COMPLETE IN BLOCK CAPITALS

Name of Pupil Form

Name of Parent /Guardian/Carer 1

Address

Telephone numbers	Home	Work	Mobile
-------------------	------	------	--------

Name of Parent /Guardian/Carer 2

Address

Telephone numbers	Home	Work	Mobile
-------------------	------	------	--------

Optional emergency contact

(Name of a designated alternative contact should you be unavailable in the event of an emergency)

Name

Address

Telephone numbers	Home	Work	Mobile
-------------------	------	------	--------

Note: The person designated by you as an alternative contact should be someone whom you entrust to make decisions about your child on your behalf. This could involve permission for emergency medical treatment. The alternative contact would only be used if it proved impossible to contact you in a situation deemed by the staff to be one of urgency.

Medical Information

Name, address and telephone number of the pupil's Doctor

Please list any medical/dietary conditions of which the staff should be aware. (A medical certificate of fitness to take part in certain activities may be requested)

Please list all medications which the pupils take on a regular basis or any they may have in their possession. Please include any inhalers or epi-pens in addition to other treatments.

Section A Parental Consent

I/we have received and accepted written details about giving consent for pupils to participate in trips and visits away from the school from the start of the 2011-12 academic year.

I/we agree that by signing this form I/we give my/our consent in principle for my/our son/daughter to attend all non-residential trips and visits away from school that take place as part of the normal functioning of the school and delivery of the curriculum within term-time during the 2011-12 academic year. This includes visits within the school day, visits that may depart before the start of school, visits that may return after the end of the school day and weekend non-residential visits such as sports fixtures.

I/we acknowledge that all trips and visits will be organised according to the requirements of Newcastle under Lyme School's Educational Visits Policy which may be found in the Policies section of the Parents' area of the school website. Except as detailed below, I/we will not be asked for further consent for each individual trip.

I understand that I/we will, however, receive by information by Schoolcomms about trips on which it is planned to take my/our son/daughter where these take place out of normal school hours. This information will include details of departure/arrival times, items that need to be brought, accompanying staff and contact details. It will also be published on the school website. There will be no requirement to reply to each such letter with separate consent.

I/we understand that additional consent will only be required for

- trips or visits that are residential (i.e. which involve an overnight stay away from home).
- Trips and activities organized by the CCF, Scouts or the Duke of Edinburgh Award Scheme.

I/we understand that, where a trip that otherwise falls within the scope of this general consent requires payment of a fee, the only additional consent that will be asked for will be an Acceptance of Charge From.

I/we accept that it is my/our responsibility to keep the school informed of any changes to the details given in this form that occur during the 2011-12 academic year.

Signature of
Parent/ Guardian 1

Name in print

Signature of
Parent/ Guardian 2

Name in print

Section B Code of Conduct

I understand that the School Rules and Code of Conduct will apply, regardless of age, and that my so/daughter will accept the authority of the accompanying members of staff or other responsible adult and any rule they may apply, both in transit and at the location.

Parent / Guardian signature

Student's signature

Section C Emergency Procedure

I understand that my son/daughter must be responsible for reporting any injury/illness to a member of the School Staff, responsible adult or instructor/supervisor. This report must be prompt and the cause and circumstances of an injury must be honestly declared.

As part of the Code of Conduct I agree that my son/daughter must not willingly act in any irresponsible manner which may cause injury to themselves or other people.

In the event of a serious accident/illness I understand that all reasonable efforts will be made to contact me as soon as possible. If I cannot be contacted, I understand that attempts will be made to contact my nominated alternative contact who may make a decision on my behalf (if this option has been used).

If such attempts are inconclusive, I authorize the accompanying adult to take emergency decisions in relation to my child on my behalf, including signing permission for any treatment, including surgery. Such action would be taken on the advice of a qualified medical professional.

Your name in block capitals

Signature

Date