

Educational Visits Policy

Version 1.4 – First produced September 2008 Reviewed Feb 2015, next review due Feb 2016

School trips are an important part of our pupils' education. Staff must give careful thought to the planning and execution of all school trips, the educational value of the trip and the safety of pupils are paramount.

To help staff with this process they must fill in the forms provided. These cover the following aspects of an educational visit.

- The purpose and location
- Dates and times
- Transport arrangements
- Financial arrangements
- Insurance – all UK trips are covered by our public liability insurance policy. Separate cover is required for overseas trips.
- Accommodation needed
- A programme of activities
- Details of any risks
- Names and details of accompanying adults (all adults must be CRB checked)
- Details of contact person at school
- Knowledge of places to be visited
- Size and composition of group
- Parental consent should be obtained (and any relevant medical or special educational needs)

The following procedure should be followed:

1. **Form A** completed and given to Principal for initial agreement for the trip planning to start.
2. **Form B** completed and given to the Administrator at the same time as Form A is given to the Principal.
3. The trip leader should fill out a Risk Assessment Action Plan (with the help of form 1a) (**Form 1**)
4. The trip leader should fill out an application for the approval of the educational visit. This should be sent to the Principal (**Form 2**)
5. The Principal should give permission or suggest amendments and sign **Form 3**
6. A letter should be sent to the parents with **Form 4 (for residential, or letter based on Form 4a for day trips)**
7. The school office will fill in **Form 5** (emergency contact information). A copy should be retained by the office and the trip leader

8. For activities involving swimming **Form 6** should be filled in by the trip leader and a consent **Form 7** should be filled in by the parent(s)

Form A

Initial Application to Head Teacher for Educational Visit

Year Group	
Group Leader:	
Destination:	
Date of trip:	
Purpose of Visit:	
Estimated cost per pupil:	

I agree in principal to the proposed trip as detailed above. Please provide the following documentation, in line with our trips policy, at the latest 2 weeks before the trip departs.

- 1 Form 1 risk assessment
- 2 Form 2 application for approval (full form)
- 3 Form 6 – swimming form if appropriate

Please also ensure the following are obtained from parents:

- 1 Copies of permission slip for day visits or form 4 for residential trips for all pupils
- 2 Form 7 if appropriate

Signed: Date:

Form B - Costing's for Proposed Educational Visit

Year Group		
Date of trip:		
Group Leader:		
No of other supervising adults		
No of additional adults		
No of pupils		
Distance to Destination:		
Proposed transport	Tick Yes or no	Name of driver
School minibus		
Other parent minibus (please name)		
Private car 1		
Private car 2		
Private car 3		
Do any of the following need to be hired?	Yes/No	
Additional minibus		
Commercial bus (please state number of seats required)		
Cost of entrance for visit	Per pupil: £	Per adult: £
For office use only Cost of transport		
Other costs e.g. Parking Equipment hire		
Total cost of proposed trip		
Cost per pupil		
School minibus booked		
Letter sent to parents		
Letter sent to private car drivers		

Please note that if parents want to 'gift' their mileage amount to the school it is preferable for us to reimburse them for the trip costs and then for them to separately give a gift to the school.

Form 1a

Steps to follow when assessing risks

<p>1. Place to be visited e.g. Paris</p> <p>Potential hazards:</p> <p>e.g. Walking in city streets travelling by ferry loss of passport unsuitable hotel</p>
<p>2. List groups of people who are especially at risk from the significant hazards you have identified:</p> <p>e.g. pupils non-teaching staff students teachers group leader</p>
<p>3. List existing controls or note where the information may be found:</p> <p>e.g. ensure sufficient supervision know details of consulate clear guidance to pupils exploratory visit</p>
<p>4. How will you cope with the hazards which are not currently or fully controlled under (3)?</p> <p>List the hazards and the measures to control them.</p>
<p>5. Continual monitoring of hazards throughout visit:</p> <p>Adapt plans and then assess risks as necessary.</p>

Form 2

Application for Approval of Educational Visit by Principal

Not all sections will be relevant to every proposed visit

School/Group:

Group Leader:

The group leader should complete this form as soon as possible once the preparations are complete. The group leader should already have received approval of the proposed visit in principle and should have regularly updated the Principal on the progress of the preparations.

When approval is given, one copy should be retained by the Principal and another by the group leader. The Principal should be informed of any subsequent changes in planning, organisation, staffing. If required, the head should seek approval from the school governors.

1. **Purpose of visit and specific educational objectives:**

.....
.....
.....

2. **places to be visited:**.....

.....
.....
.....

3. **Dates and times:**

Date of Departure: Date of return:

Time:..... Time:

4. **Transport arrangements: Include the name of the transport company and vehicle registration number(s).**

.....
.....

5. **Organising company/agency (if any):** Include licence reference number if the body is registered with the Adventure Activities Licensing Authority.

Name:..... Address

.....

Tel: Licence No if registered:

6. **Proposed cost and financial arrangements:**.....

.....

7. **Insurance arrangements for all members of the proposed party, including voluntary helpers:**

Include the name of the insurance company.

Insurance cover:..... Policy No:

Address:.....

8. **Accommodation to be used:**

Name:..... Address:

.....

Telephone Number:

Name of head of centre (if available):

9. **Details of the programme of activities:**.....

.....

.....

.....

10. **Details of any hazardous activity and the associated planning, organisation and staffing:...**

.....

.....

.....

11. Names, relevant experience, qualifications, CRB expiry date and specific responsibilities of staff accompanying the party:

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.....
.....

12. Names, relevant qualifications, CRB expiry date and specific responsibilities of other adults accompanying the party:

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.....
.....

13. Name, address and telephone number of the contact person in the home area who holds all information about the visit or journey in case of an emergency:

.....
.....
.....

14. Existing knowledge of places to be visited and whether an exploratory visit is intended:

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.....
.....

15. Size and composition of group:

Age range:

Number of boys: Number of girls:

Adult to pupil ratio: Leader/participant ratio:

16. Information on parental consent:

Information on whether the group leader has received all consent forms duly completed and signed (Parental consent may precede or follow approval):.....

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

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

.....
.....
.....

Signed: Date:.....

Group leader full name:

Form 3

Confirmation from Principal for Visit to Go Ahead

To be completed by Principal

To the Group Leader:

1. I have studied this application and am satisfied with all aspects including the planning, organisation and staffing of this visit. Approval is given.
 - a. Please ensure that all relevant information including a final list of group members, details on parental consent and a detailed itinerary is in the school office at least seven days before the party is due to leave.
 - b. Details of any incidents should be with me as soon as possible but no later than 14 days after to party returns.

Signed: Date:.....

Principal full name:

A copy of the completed application form and details of any subsequent changes should be retained in the school office and should be available for the school governors.

Form 4

Parental Consent for a Residential or School Exchange Visits

(To be distributed with an information sheet giving full details of the visit)

School Group:

1. Details of visit to:.....

From: Date/time: To:..... Date/time:

I agree to..... (name) taking part in this visit and have read the information sheet. I agree

To.....'s participation in the activities described. I acknowledge the need for -to behave responsibly.

2. Medical information about your child

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Please advise any changes to above information

a. Any conditions requiring medical treatment, including medication? Yes/No

If Yes, please give brief details:

.....
.....

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

.....
.....

c. Is your son/daughter allergic to any medication? Yes/No

If yes, please specify:

.....
.....

d. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered anything in the last four weeks that may be contagious or infectious?

If yes, please give brief details:

.....

e. When did your son/daughter last have a tetanus injection?

.....

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.

3. Declaration

I agree to my son/daughter 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 understand the extent and limitations of the insurance cover provided.

Parent(s) Contact telephone numbers:

Name	Christian	Parents	home phone	dad's work	Dad mobile	mum mobile	e-mail

Please advise of any change to the above information held in school

Alternative emergency contact:

Name: Telephone number:.....

Address:.....

Please complete the following information:

Name of family doctor:..... Telephone number:.....

Address:.....

Signed: Date:.....

Full Name (capitals):.....

This form or a copy must be taken by the group leader on the visit. A copy should be retained by the school contact.

Form 4(a) Sample permission letter for non-residential trips

Dear Parents

Y7 trip to Warwick Castle 14th July

I am planning to take Year 7 to Warwick Castle on **14th July**. I have taken a Year 7 group for the last four years, and they have found the visit enjoyable and informative. As well as visiting the castle itself, there are opportunities to watch a trebuchet firing rocks (!), a bird of prey display and an archery demonstration. We have been studying castles at various points through the year, so it will support that topic as well as enhancing their understanding of Medieval England.

We will be leaving at 9.00am and will return by 3.30pm, so there should be no need to pick your children up at an inconvenient time. **The cost of the trip will be £13.** This will cover the price of entry and travel. If that figure presents a challenge at this time of year, please let me know. We will be travelling by minibus. I will be taking the trip, but I need one other adult to accompany me. If a parent would like to join us (and you have a CRB Disclosure), please let us know by filling in the slip below. (This will be on a first come first served basis).

Please could you ensure your child comes with a packed lunch and a drink? They may bring some pocket money as we will visit the gift shop, or they may want to buy an ice cream. If it is very warm, please could they also bring a hat and sun cream; if rain seems likely, a waterproof top is advisable.

Please could you fill in the tear off slip below and return it to the school office by **Friday 1st July 2011**

Yours sincerely,

John Ellwood

Reply Slip Warwick Castle Thursday 14th July 2011

I give permission for..... to go to Warwick Castle with Year 7 on **Thursday 14th July**. I enclose £13 to cover the cost of the trip.

I would be willing to go on the trip as a helper and do have a current CRB Disclosure.

Signed.....

Form 5 (to be completed by office)

Emergency Contact Information

To be completed before the visit. *Copies to be taken by the group leader and held by school home contact.*

1. **School/group:**
2. **Name of group leader:** Home phone no:
Mobile no:
3. **Visit departure date:**
4. **Return information: Date**..... Time:..... Location:.....
5. **Group:** Total number: Adults:..... Group Members:.....
6. **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)
7. **Emergency Contact information for group leader:**
 - a. During school hours:
Principal:..... Tel:
Deputy/other: Tel:
 - b. Out of school hours:
Principal:..... Tel:
Deputy/other: Tel:
 - c. Travel Company:
Name/Address: Tel: Fax:.....
Contact name:..... Tel: Fax.....
Insurance/emergency assistance Tel: Fax:
Accommodation address:
Tel: Fax:.....
 - d. Other emergency numbers:.....
(e.g. Snow tree).....
.....

Form 6

Swimming Pool checklist

	Yes	No
Is there regular testing of water quality?		
Are accurate signs displayed indicating the depth?		
Is the depth of the water less than 1.5 metres? (If so diving should not be permitted)		
Is there a resuscitator? Are the lifeguards trained in its use?		
Is there possible rescue equipment?		
Are there poolside telephones and alarms?		
Is an emergency action plan displayed?		
Are normal operating procedures available?		
Is there constant pool supervision?		
Is the swimming pool room, in the case of an indoor pool, locked when not in use?		
Do the supervisors have current National Pool Lifeguard Qualifications?		
Is the number of pupils/students supervised by one qualified adult fewer than 20?		
Are the changing facilities in keeping with basic hygiene and personal safety?		
Do the pupils/students know not to leave any group member alone at any time in the pool?		

Form 7

Consent Form for Swimming Activities or Activities Where Being Able to Swim is Essential

Consent does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability

Swimming Ability

- Is your child able to swim 50 metres? Yes/No
- Is your child water confident in a pool? Yes/No
- Is your child confident in the sea or in open inland water? Yes/No
- Is your child safety conscious in water? Yes/No

If you have answered no to all the above questions we reserve the right to exclude your son/daughter from this activity.

1. I would like (name) to take part in the specified visit and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

Signed: Date:

Full name of parent/guardian:

Telephone numbers: *(if not already supplied in trip form 4)*

Home: Work:

My home address is:

.....

Name, address and telephone number of family doctor:

.....

.....

This form or a copy should be taken by the group leader on the visit. A copy should be retained by the school contact.