Off Site Visit Form

This is to be completed on the day of the trip and a copy taken with you and a copy given to the office

|  |  |  |  |
| --- | --- | --- | --- |
| Visit Name |  | Date |  |
| Teacher |  | Class |  |

Please tick the relevant boxes

|  |  |
| --- | --- |
| Action Completed | Tick |
| I have completed the online Evolve form and it has been signed off |  |
| All adults highlighted on the form are attending (if not write alternative arrangements) |  |
| I have received written consent from all parents for the children attending |  |
| I have included a site specific Risk Assessment document (Evolve) |  |
| I have included the All Trips Risk assessment document(Evolve) |  |
| I have included the All Bus Journeys Risk assessment document(Evolve) |  |
| I have included the All Residential Risk assessment document(Evolve) |  |
| I have included the All Sports Fixtures Risk assessment document(Evolve) |  |
| All staff attending have received and read a copy of the risk assessment documents |  |
| I have a First aid qualified adult attending the trip |  |
| I have checked the weather for the day and made appropriate arrangements |  |
| I have accounted for children with special educational needs / medical needs |  |
| I have taken the appropriate first aid / sickness / medical equipment |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount of children in group |  | Amount of children attending the visit |  |
| SEND Needs |  | Medical Needs |  |
| Time leaving school |  | Time expected back at school |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_