PROPOSED EXCURSION TO

DATE : TIME(s) Leaving centre :

Returning to centre :

METHOD(s) OF TRAVEL:

ROUTE to DESTINATION:

RATIO ADULTS/CHILDREN:

RISK ASSESSMENT AND MANAGEMENT FOR AN EXCURSION

**Physical Address of Local Landmarks:**



|  |  |  |
| --- | --- | --- |
|  | **Identified Risk(s)** | **Risk Reduction Strategies** |
| **People** |  |  |
| **Equipment** |  |  |
| **Environment** |  |  |

TEACHERS RESPONSIBLE:

CORRESPONDING CELL PHONE #:

***A cell phone, water and first aid kit will be taken on all outings.***

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| --- | --- | --- |
| Child’s Name | Parent Signed | Tick if you or another family member can attend along side your child |
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**Consented approval by persons responsible:**