

EDUCATIONALVISITS POLICY

**Bradshaw Hall Primary School**

Vernon Close,

Cheadle Hulme,

SK8 6AN

|  |  |
| --- | --- |
| Date Reviewed: | Spring 2021 |
| Date Ratified & Adopted by the Governing Board: | Summer 2021 |
| Signed - Head Teacher |  |
| Signed - Chair of Governing Board |  |
| Next Review: | Spring 2024 |
| Comments: |  |

**BRADSHAW HALL PRIMARY SCHOOL**

**Educational Visits Policy**

The full programme of educational visits undertaken at Bradshaw Hall Primary School complements and enhances the curriculum, and extends the first hand experiences given to our children, supporting the active learning methods that we offer. All off-site visits will include safe practice and competent supervision.

This policy sets out in general terms the procedures agreed by the Governing Body for the organisation of Educational Visits.

In all cases staff will undertake a full assessment of all the risks associated with a trip where children are taken off school premises and complete the standard written Risk Assessment (appendix 4) to document their findings. This document will be shared with all adults and leaders, both school based and with external providers. Where possible a written Risk Assessment will be solicited from any external provider and kept as part of the visit documents.

**(A) Supervision**

**Visits Group 1 (local visits within 20 minutes travel from school and within the Borough of Stockport) and Group 2 (local visits beyond 20 minutes travel and/or outside the Borough of Stockport):**

 **Age Group Recommended Minimum Ratio**

 **Early Years 1 adult: 3 young people**

 **Years 1-3 1 adult: 6 young people**

 **Years 4-6 1 adult: 10 - 15 young people**

 **Year 7 onwards 1 adult: 15 - 20 young people**

**There should always be a minimum of 2 adults**

**Visit Group 3: (hazardous and adventure visits, visits in close proximity to water, visits involving animals - day visits):**

Early Years & Years 1-3 - see ratios above

Year 4 onwards - 1 adult: 10 young people

**There should always be a minimum of 2 adults**

**Visits Group 4: (residential visits home and abroad)**

Early Years & Years 1 - 3 - see ratios above

Year 4 onwards - 1 adult: 10 young people

 **(B) Types of Visit**

(1) Local visits - not involving transport.

(2) Local visits - involving private cars e.g. football & netball matches, etc.

(3) Day or part day visits involving transport - within Stockport / outside Stockport

(4) Residential visits

***(B1) Local Visits***

On entry to school a letter will be given to parents requesting written permission for their child to be taken out of school on local trips within the immediate vicinity, e.g. a walk along Chedlee Drive. Local supervision guidelines, of a minimum of 1:10, must be observed.

***This letter is attached as Appendix 1***

Written permission must be obtained from parents/carers for children to visit the park, library or shops further afield. This is done by sending a letter to parents before each visit. Details of any items the children need to bring e.g. wellingtons, packed lunches etc. will be provided.

***Sample letter attached as Appendix 1a***

***(B2) Local Visits Using Cars***

There are several points that need to be discussed with parents who provide transport for taking children to sporting events etc. Some of these also need to be shared with the parents of children who are being given lifts. It is necessary for parents of children being transported to be contacted by letter and for the following points to be raised:

* Establish that parents agree to their child being offered a lift by another parent
* Ensure that the number of places offered in a car are based on the number of seatbelts available
* Ensure that seatbelts will be used at all times whilst transporting children in cars
* Insurance cover for such usage must be adequate i.e. the driver must hold a current certificate with business cover
* The car has an up-to-date MOT
* The driver has a full, valid driving licence
* Booster seats will be used for children being transported to and from venues in private cars and these are available from school.

***\*This letter is attached as Appendix 2*.**

This will mainly be for children in Years 5 and 6 but teachers should be aware that this may be relevant to other year groups.

* ***Teaching and non-teaching staff are reminded that they need to check their insurance cover if they are using their cars for transporting children. (Occasional Business Use)***

***(B3) Visits with Transport within Stockport / outside Stockport***

* These are to be organised following the procedures set out in Stockport’s Educational Visits and Journeys Guidelines – (copy available in Health and Safety section in office) and ‘*Planning a School Trip Checklist’* (***Appendix 3.*)***All teaching staff will have read and signed a copy prior to taking part in the planning or execution of any educational visits*.
* Letters sent to parents/carers informing them of the trip and requesting permission should also include a reply slip requesting an “emergency contact number for the day”

 ***(B4) Residential Visits of a Non-Hazardous Nature***

 **A CRB check is needed for accompanying adults**

* Full Governing Body approval must be given in advance for these visits. Whilst the school continues to follow the established pattern of residential visit – Robinwood Activity Centre and Ilam Hall, every year - then only the approval of the Chair of Governors is needed. Should a new venue / venture be planned then full Governing Body approval will be required before it can go ahead.
* Permission must be sought from the Town Hall at least 3 months prior to the visit taking place.
* Insurance cover will need to be checked - it might be provided by the Travel Company as part of the package. If it is, then a copy of the insurance document will need to be sent to the Town Hall. If insurance is not provided then it will be necessary to take out Stockport's own insurance – through form EV1. ***(Appendix 4)***
* Form EV1 Insurance Form plus a list of participants must be sent to the Town Hall at least 14 days before the visit.

***(B5) Residential Visits of a Hazardous Nature - Activity Visits***

 **A DBS check is needed for accompanying adults**

* Full Governing Body approval must be given in advance for these visits. Only the approval of the Chair of Governors is needed once the trip is established
* Organisers must check the details in Stockport's Educational Visits and Journeys Guidelines before organising any visits of this nature. Please take particular note of the qualifications of centre staff. Ask for appropriate Risk Assessments.
* Form EV1 plus form EV2 ***(Appendices 4 & 5)*** plus a list of all participants must be sent to the Town Hall at least 14 days before the visit. There will be a need to check the insurance - it might be provided by the Travel Company as part of the package. If it is then a copy of the insurance document will need to be sent to the Town Hall. If insurance is not provided then it will be necessary to take out Stockport's own insurance (EV1). The cost of this can vary and will depend on the type of activity being undertaken. Check this with Education Finance Division at the Town Hall.

 **(C) Guidelines for Teachers** - prior to organising school trips

* Outings are to be planned in accordance with the *Planning School Trips* checklist ***(Appendix 3)***
* Outings are to be planned in accordance with the Charging Policy of the school.
* Complete costings pro-forma. ***(Appendix 3a)***
* All details of children with known medical conditions should be gathered
* A written risk assessment must be made prior to all new trips. A copy should be kept in the Educational Visits File in the School Office, so they can be amended each year with details pertaining to the cohort.(**Appendix 3b**)
* Risk assessments for high risk trips will need to be sent to the Town Hall for approval
* Many organised trips will have risk assessments written by the providers. These should be kept in the file
* Consider and agree who and what photography equipment will be used, how images will be stored and deleted including use of Twitter

**(D) Emergency Procedures**

***Communication***

* A list of the children and their parents’ contact numbers must be left in school with two members of staff. These will be any two of: The Headteacher, the Deputy Head, the Secretary or the most senior member of the teaching staff. These staff are to act as emergency contacts and must be accessible by telephone at all times during the visit.
* In the unlikely event of a major emergency the Emergency Procedures from Section E of Stockport's Educational Visits and Journeys Guidelines should be initiated. The Headteacher and EVC must be informed immediately. All adults accompanying the visit should carry a copy of these procedures at all times. These procedures appear as ***Appendix 6.***

# LEA procedures for Educational Visits

* LEA approval is required for four categories of visit- residential at home, residential abroad, outdoor adventurous activities of a hazardous nature and field studies involving water.

For these types of visits the following procedures must be followed:

* Submission of LEA approval form before making booking- approval form will be returned within 10 working days giving a visits reference number (**Appendix 4a**)
* LEA Monitoring Form to be completed and sent (**Appendix 4b**)
* Written risk assessment to be provided (**Appendix 4c**)
* A list of all pupils with emergency contact name and number.

***Preparation before the Visit***

4

* Two “school based” Emergency Contacts should be identified. For a visit lasting less than a day then the arrangements outlined above will apply. If the visit is a residential one then it has been agreed that two members of the Governing Board will act as the Emergency Contacts in conjunction with either the Head teacher or Deputy Head teacher and the EVC
* Contacts must be able to provide 24 hours per day access by telephone
* The numbers listed below must be rung for advice in the event of an emergency outside of school hours, working down the list

The phone numbers of the LA incidents Management Team Emergency Contacts:

* + Andrew Webb- office:0161 474 3808, Mob: 07800 618800
	+ Donna Sagar – Office:0161 474 3928, Mob: 07891 949407
	+ Richard Bates – Office: 0161 474 3832, Mob: 07800 617955
	+ Barry Kirkman –Office: 0161 474 3842 Mob: 07800617943
	+ Control Room: 0161 474 5555

**Media**

Peter Blake: 0161 474 3063

John Pasiecznik: 0161 474 3060

* + It is recommended that these phone numbers are stored in mobile phones of staff for emergency purposes.
	+ A list of all pupils with phone numbers for emergency contact
	+ A list of all accompanying adults with phone numbers of next of kin.
	+ Details of the venue for the visit and itinerary with appropriate phone numbers.
	+ Information relating to medical treatment of children on the visit should be carried by the identified leader. This will be gained from parents through the use of the Stockport Parental Information Form. ***(Appendix 7)***
	+ A written copy of the Emergency Procedures ***(Appendix 6)*** must be part of the Identified Leader's reference pack.

Signed………………………………………………. Dated…………………….

The Educational Visits policy was revised in March 2015 and will be revised by the Educational Visits Co-ordinator in February 2017.

***Appendix 1***

Dear Parents/carers,

Welcome to Bradshaw Hall School.

During your child’s stay with us there may be occasions when the class teacher takes the children out on a local visit ie for a number walk, to the shops, to look at house architecture.

These trips are often impromptu and will not involve a cost. I am asking for your permission, in advance, to allow your child to go on such trips.

You will, of course, be notified well in advance of longer visits which may require contributions, packed lunch etc.

Please complete and return the attached slip as soon as possible so that we may keep a record of your consent.

Thank you for your co-operation.

Yours sincerely

Mr C Bagnall

Headteacher

I give permission for my child ……………………………. to participate in any short, non-paying excursions organised by Bradshaw Hall Primary School.

Signed ……………………………………. Date ………………………………….

***Appendix 1a***

Dear Parents/carers,

Year \_\_\_\_\_\_\_ will be visiting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ during the day. This will be part of our \_\_\_\_\_\_\_\_\_\_ topic on \_\_\_\_\_\_\_\_\_\_. We will be investigating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If the weather is fine, we hope to spend most of the day there and therefore, the children will need to bring a packed lunch. It would be a good idea to bring lunch in a plastic carrier bag which can be thrown in the bin afterwards. Drinks should accordingly be in a disposable container such as a carton or plastic bottle - no cans or glass bottles.

The children need to wear clothing suitable for a day in the park - check the weather that morning. We will be back at school by home time so you do not need to make alternative arrangements for collecting your child.

If you are available on the day, and would like to come along and help, please let me know.

I would be grateful if you could sign the slip at the bottom of the letter and return it to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours sincerely

Class Teacher

**Trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby give consent for my son/daughter to accompany Bradshaw Hall Primary School on the above visit including all organised activities. I understand that my child will be expected to follow all rules and regulations and that the leaders will take such action as is necessary should breaches occur.

I hereby authorise any accompanying member of the teaching staff of Bradshaw Hall Primary School to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.

SIGNED ……………………………… CHILD’S NAME ……………………….

***Appendix 2***

Dear Parents/carers,

During the course of the year, we ask for help with transport to take our children to team matches, to Country Dancing events, Swimming Galas etc. There are a couple of points that we need to raise with you in connection with transporting pupils in private vehicles.

1. **Insurance:** Stockport LEA’s insurance policy does not cover privately owned vehicles used to transport pupils to and from activities. The responsibility for insurance of the vehicle rests with the owner and drive of the vehicle concerned.

In drawing this point to your attention I am seeking only to inform you of the limits of the Authority’s insurance provision. The majority of private policies held, which permit use for social, domestic and pleasure purposes, should be sufficient to permit occasional voluntary use in connection with school functions. If you are in doubt, you are advised to check the position with your own insurance broker or company.

If you wish to continue using your vehicle on a regular basis I would suggest that you contact your insurance company or broker informing them of this fact and requesting that they give you written confirmation that your policy provides the necessary third-party liability cover.

1. **Seat Belts:** The school has a duty to ensure that all private vehicles used to transport children to and from activities are fitted with seatbelts, that the number of places offered matches the number of seatbelts available and that children travelling in these vehicles are correctly strapped in.
2. **Booster Cushions:** Due to recent legislation, it is now a legal requirement that certain children should use booster cushions. The school has purchased some Booster cushions and these are available for use. Please ask at school for advice if you are transporting children in your car.

**Would you please return the tear-off slip at the bottom to indicate that you have received this letter, that you understand the implications of using your car to provide transport and that if you are carrying children you are able to fulfil the requirements with regard to seatbelts. We are asking all parents to return the form so that they also understand the conditions that apply when their children are taken out of school by other parents.**

Yours sincerely

 Mr C Bagnall

Headteacher

**Transport of Pupils to Outside Events by Private Transport**

I have read the enclosed letter and I understand the implications of using my car to transport children. I am able to fulfil the requirements with regard to seat belts.

Signed ……………………………………. Child’s Name ………………….. Date …………….

I have read the enclosed letter and I understand the conditions that apply. I am happy for my child to be taken out of school by other parents who fulfil the conditions.

Signed ……………………………………. Child’s Name ………………….. Date ……………

***Appendix 3***

**PROCEDURE FOR EDUCATIONAL TRIPS AND VISITS**

**BRADSHAW HALL PRIMARY SCHOOL**

* Expectations for behaviour and procedures will be explained to children prior to the trip. This will include: walking at all times, staying with partners/groups and following instructions given by adults.
* Parents accompanying the children will meet prior to the trip to discuss safety, expected standards of behaviour, the route and any other relevant information such as medical conditions and emergency procedures.
* Adults will be allocated a group of children who will be expected to follow the instructions of their adult leader and to stay with them at all times. (**Parents should report any failure to follow instructions to the Class Teacher/Visit Leader immediately**).
* When crossing a road, the teacher will choose the safest point and will select 2 adults to stand in the middle of the road until all children have crossed safely between them. The leading adult will stop the line of children at a safe place on the other side of the road to allow all adults to return to their groups before continuing on the journey.
* Adults should position themselves evenly along the line with their group, ensuring that all children are walking sensibly on the pavement away from the edge. An adult (teacher or teaching assistant wherever possible) will remain at the back of the line at all times.
* High-visibility jackets must be worn by the children when walking.
* When travelling by coach, an adult should be sat adjacent to any emergency exit.
* **Only staff employed by Bradshaw Hall or a volunteer with a current Stockport CRB may supervise toilet visits**. Try to avoid taking one child by themselves to the toilet. Plan class or group visits throughout the visit.
* All accompanying adults must read the Risk Assessment prior to the visit and the master copy must be left in the office on the day of the trip, initialled by all accompanying staff employed by Bradshaw Hall.
* A Visit Leader and Deputy Leader must be appointed during the planning stage. Wherever possible the Visit Leader and/or Deputy Leader should carry out a full visit to the venue prior to completing the Risk Assessment.
* The Visit Leader must take the telephone number of the school, the Headteacher, the EVO (Richard Gleaves) and the emergency number for the Town Hall with them and ensure that the office has their contact number prior to leaving.
* All relevant paperwork will be completed by the Visit Leader and signed by the EVC (Group 1-2) **AND** the Headteacher (Group 3-4) **at least one week prior to the trip (Group 1-2) or 3 months prior if sending electronically to the Town Hall (Group 3-4). ONLY OFFICE STAFF ARE PERMITTED TO USE ELECTRONIC SIGNATURES.** Please note that all farms and places containing water (including Bramall Hall) are now Group 3.
* Paper copies of all relevant forms are kept in the Master File in the office. Please do not remove. Electronic versions can be located within the educational visits area on Office Online. **The OSVF must be completed and signed for every trip.**
* Parent permission slips to be held by the EVC for the current year (in a labelled plastic wallet) and then archived for 7 years.
* Any accidents, incidents or near-misses to be recorded in writing and passed immediately on return to the Headteacher/EVC. A copy must also be sent electronically to the Town Hall.

**NAME (printed):**

**SIGNATURE:**

**DATE:**

*Appendix 3a*

SCHOOL VISIT SUMMARY SHEET

**To be completed by party leader**

Year …………………. To …………………………………… Date ………………….Cost per pupil ……………………….

# RECEIPTS

|  |  |
| --- | --- |
| YEAR |  |
| YEAR |  |
| REFUNDS RE ABSENCE |  |
| TOTAL |  |

# EXPENDITURE

|  |  |
| --- | --- |
| COACH |  |
| ADMITTANCE |  |
|  |  |
| TOTAL |  |

# EXPENDITURE £

**RECEIPTS £**

**PTA DONATION £**

**TOTAL COST TO SCHOOL £**

**PUPIL OVERPAYMENT £**

(to be deducted from next visit)

**Coach:**

Number of seats …………….

Leave school at ……………..

Leave visit at ……………….

Arrive back …………………

**Kitchen informed re dinner numbers**………………….

# Form EV1 completed …………………… sent to LEA on …………………

(required for residential or unusual visits only – see details in Visits file in office filing cabinet)

Services to People

Off Site Visits Monitoring Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School / Unit / Service: |  | Venue of Visit: |  |
| Visit reference No: |  | Date of Visit: | **/     /      *(dd/mm/yyyy)*** |

|  |
| --- |
| **Please Complete the relevant Sections:** |
| Section A For ALL Visits: |
| **1** | **The guidance provided in sections 1 - 11 in the Stockport Off-Visits Guidelines has been followed:** | [ ]  |
| **2** | **The visit is fully inclusive to all young people:** | [ ]  |
| **3** | **All staff are fully aware of their roles and responsibilities on this visit:** | [ ]  |
| **4** | **All staff are fully conversant with the visit ‘Emergency Procedures’ and a summary of these will be carried on the visit:** | [ ]  |
| **5** | **A full risk assessment has been undertaken for all aspects of the visit and all staff involved are aware of its content:** | [ ]  |
| **6** | **Parents have been informed of this visit and given consent in principle(Group 1 Visit) or**  | [ ]  |
| **Specifically (Groups 2 – 4 Visit)** | **[ ]**  |
| **7** | **Parents have been requested to disclose medical information relating to the pupils that could aid in their care whilst engaging in the visit and the details of which have been considered in the risk management of the visits:** | [ ]  |
| **8** | **The Staff to Pupil ratio meets with current guidance:**  | [ ]  |
| **9** | **The Visit Leader has briefed all staff and Volunteers involved fully as to their respective roles and is confident in their competence to conduct them:** | [ ]  |
| **10** | **Appropriate First Aid provision is available during the visit:** | [ ]  |
| **11**  | Please tick one of the following two options: |
| **(i) A preliminary visit has been made to the venue:** | [ ]  |
| **(ii) The Visit Leader feels that a preliminary visit is not necessary as it would not improve their ability to offer the participants protection from undue risk:** | [ ]  |
| **12** | **If travelling by coach pupils will wear seat belts at all times when the coach is in motion.** | [ ]  |
| **13** | **Where External Providers services have been engaged they have completed an External Providers questionnaire or are named on the LA list of pre checked external providers** | [ ]  |
| **14** | **Where appropriate the staff have access to local weather forecast information and are able to take action on it accordingly:** | [ ]  |
| **15** | **Where specialist equipment (e.g. Waterproofs or Boots) are required to safe guard participants the Visit Leader has ensured it is available and meets with any relevant standards:**  | [ ]  |
| Section B Group 3 and 4 Visits |
| **16** | **If any part of the visit involves participants being at or near water the advice contained in ‘Group Safety at the Water Margins’ has been made available to supervising staff prior to the visit and any appropriate action taken in managing these risks:** | [ ]  |
| **17** | **The Governing Body or Area/Service Manager are fully informed of the aims and objectives of this visit and the activities involved:**  | [ ]  |
| **18** | **Parents have been made aware of the insurance arrangements provided to meet the needs of the visit:** | [ ]  |
| Section C For Group 4 Visits: |
| **19** | **Parents have signed a medical consent form for each young person on the visit:**  | **[ ]**  |
| **20** | **All Staff and Volunteers supervising on the residential have been vetted through the CRB:** | [ ]  |
| **21** | **Appropriate measures have been taken to ensure the suitability of the accommodation:** | [ ]  |
|  |
| Visit Leader Signature: |  | Date:       |
| EVC Signature*(for Group 1 & 2 visits only)* |  | Date:       |
| Headteacher or Area Service Manager*(for Group 3 & 4 visits only)* |  | Date:       |

Please return this completed proforma via the Office Online website – submit a return function, using return type “Visits & Journey’s Guidance”.

Office Online: [**www.stockport.gov.uk/cypd**](http://www.stockport.gov.uk/cypd)

Services to People

PRIVATE AND CONFIDENTIAL

Visit Contacts List

**(The following contact information should be forwarded to the LA for Group 3 & 4 visits)**

|  |  |
| --- | --- |
| School/Unit/Project: |       |
| Date of Visit: |       |
| Visit Reference Number: |       |

|  |  |
| --- | --- |
| Visit Leaders Contact Number during the visit: |       |
| Home Base Emergency Contact 1: |       |
| Home Base Emergency Contact 2: |       |

STAFF **(Submitted to LA for Group 4 only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Next of kin 1st Contact Tel No. | Next of kin2nd Contact Tel No. | Relevant Medical Information |
| Visit Leader: |       |       |       |       |
| Deputy Leader: |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

YOUNG PEOPLE **(Submitted to LA for Group 4 only)**

|  | Name | 1st Contact Tel No | 2nd Contact Tel No | RelevantMedical information. |
| --- | --- | --- | --- | --- |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
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| 7 |       |       |       |       |
| 8 |       |       |       |       |
| 9 |       |       |       |       |
| 10 |       |       |       |       |
| 11 |       |       |       |       |
| 12 |       |       |       |       |
| 13 |       |       |       |       |
| 14 |       |       |       |       |
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| 19 |       |       |       |       |
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| 26 |       |       |       |       |
| 27 |       |       |       |       |
| 28 |       |       |       |       |
| 29 |       |       |       |       |
| 30 |       |       |       |       |

Please return this completed pro-forma via the Office Online website – submit a return function, using return type “Visits & Journey’s Forms”. **www.stockport.gov.uk/cypd**

|  |
| --- |
| OFF-SITE VISITSPARENTAL APPROVAL PRO-FORMA |

Please complete ALL sections on this form

|  |  |
| --- | --- |
| This Form is to be returned by *(date):*  |  |
| School or Youth Centre: |  |
| Course or Activity: |  |
| Date of Course/Activity: |  |

|  |
| --- |
| Pupil Details |
| **Surname:** |  |
| **Forename(s):** |  |
| **Date of Birth:** |  |

| Medical Information | *Please indicate* |
| --- | --- |
| **Does your son/daughter have any illness or physical disability? If so please describe:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes / No** |
| **If medical treatment is required, please describe:­****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **To the best of your knowledge has she/he been in contact with any contagious or infectious disease during the past four weeks:****If so, please give brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes / No** |
| **Is he/she allergic to any medication?****If so, please give brief details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes / No** |
| **Has your son/daughter received a tetanus injection in the last 5 years?** | **Yes / No** |
| **Please indicate any special dietary requirements due to medical, religious or moral reasons.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

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| --- |
| Home Contact Information |
| **Name:** |  |
| **Address:** |  |
| **Home Telephone No.** |  |
| **Work Telephone No.** |  |
| **Mobile Telephone No.** |  |
| Emergency contact information if different from that above |
| **Name:** |  |
| **Address:** |  |
| **Tel No.** |  |
| **Mob No.** |  |

|  |  |
| --- | --- |
| **Name of Family Doctor** |  |
| **Telephone Nos.** |  |
| **Address:** |  |

|  |
| --- |
| Parental Declaration |
| I give permission for my daughter/son \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert name) to take part in the above activity as described, including all organised activitiesI undertake to inform the visit organiser or the Headteacher as soon as possible of any relevant change in medical circumstances occurring before the journey.I hereby authorised any accompanying member of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.I understand the extent and limitations of the insurance cover provided. |
| **Signed Parent/Guardian:** |  |
| **Date:** |  |

Please complete all sections on this form

EVPA FORM

Dear Parent/Carer,

Thank you for volunteering to transport our pupils to/from

………………………………………………………………….

Please confirm the following.

Car Make and Model……………………………………………

Car Registration ………………………

On the day of the event I confirm that I will have…

* Fully comprehensive car insurance including business cover □ Please tick
* A current MOT certificate if applicable □ Please tick
* Current road tax certificate □ Please tick
* A full driving licence □ Please tick
* My car is roadworthy □ Please tick

Name……………………………………. Signed…………………………………….

Date……………………………………….

----------------------------------------------------------

Name……………………………………. EVC Signature…………………………

Date………………………………………

**Appendix 4**

**Risk Assessment and Risk Management Record**

**2019 - 2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School/Unit/Project** | **Bradshaw Hall Primary School** | **Location/Purpose** |  | Date(s)  |
| **Visit Leader(s)** |  | **Reference No** |  | Updated by RG - April 2019 |

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| --- |
| ANY BHPS EDUCATIONAL VISIT RISK ASSESSMENT (EVRA1) RELATING TO OR IN PROXIMITY TO WATER MUST BE COMPLETED IN CONJUNCTION WITH THIS RISK ASSESSMENT & THE FOLLOWING DOCUMENTS, WITH ALL ATTENDING ADULTS AWARE OF THE CONTENTS AND THEIR APPLICATION:*‘GROUP SAFETY AT WATER MARGINS’ DfE* [*groupsafety\_watermargins1 (1) (1).pdf*](file:///%5C%5Cbhp-simssql.bradshaw.internal%5Cadmindata%5Cadmin%20documents%5CPolicies%5CPolicy%20Reviews%5CPolicy%20Front%20Cover%5Cgroupsafety_watermargins1%20%281%29%20%281%29.pdf)*‘RISK MANAAGEMENT GUIDANCE ON OPEN WATER’ GALLAGHER BASSETT* [*RiskManagementGuidanceNoteonOpenWater-October2014 (1).pdf*](file:///%5C%5Cbhp-simssql.bradshaw.internal%5Cadmindata%5Cadmin%20documents%5CPolicies%5CPolicy%20Reviews%5CPolicy%20Front%20Cover%5CRiskManagementGuidanceNoteonOpenWater-October2014%20%281%29.pdf) |

|  |  |
| --- | --- |
| **Identifying Significant Hazards – Assessing the Risks** | **Control Measures – Managing the Risk****(Please enter information required and delete italics in this column)** |
| **General Organisation Information/Forms**EVAF (OSVF) – EVECF (OSECF) – EVMF (OSVMF - EVPAF (OSPAF) **Group Characteristics:** (Numbers of staff & children/Age/Male/Female/Numbers/Additional Support)**Behaviour Considerations:**(Plan/1:1/Pairings)  **Medical:** (Asthma/Allergy/Diabetes/etc.)**Nominated First Aider:****Emergency Contacts Arrangements:***Group 1 & 2 Staff & chld ECD not required**Group 3 Staff details req’d**Group 4 Staff & chld ECD req’d***SEND:**(Accessibility/environment changes/supervision/rotation of staff/duration of visit)**Toileting/Changing Room:** (Only CRB checked adult to supervisor toileting)**Transport:** Coach/Bus/Car(s)/Walking**Access to venue:**Entrance/pathways/ground conditions/highway(*Consider route to venue/main roads/crossings/containment of children during entry*)**Activity Arrangements:** *Centre Risk Assessments/Specific/Dynamic**Activities in or near water – ponds/lakes/rivers –* ***must*** *include an Open Water Assessment – See RG***Environment:**(Indoor/Outdoor/Weather/Season) **Residential Visit Considerations:**Sleeping/staffing/emergency return during night/day/religious observance **Alternative plans (Plan ‘B’/Plan ‘C’):** (Emergency situation/Place of Safety/Weather/Break-down) | All forms completed, signed and posted to SMBC with authorisation confirmedRatios: *1:10* Number of children? Female? Male? Number of staff?Female? Male? Number of adult helpers Female? Male?Staff working 1:1 with??*Staff to rotate ensuring support for?? all day* Explain high expectations for behaviour prior to leaving schoolNote number of & type of medical condition *(note chds names on separate sheet on last page)**e.g. 4 Asthma - 1 Epilepsy*Nominated First Aider…..?In ALL cases of emergency EVL will contact school to advise of situation and seek adviceEVL will have contact details of all adults on visit & school contacts(*Consider additional requirements)*Only adults approved and holding a current CRB will supervise toilet visits i.e. staffToilet visits prior to each departure – particularly younger childrenGroup visits - no individual toileting where possibleEnsure separation from general public where possible *Ensure quality transport provision meeting requirements – check booking with office*Staff to be seated at front, rear & adjacent to emergency exits. Seat belts worn at all times whilst on the coach Coach/bus to park as close to alighting point as possible, parking in a designated space where possible*(Attached centre risk assessment(s) as applicable)**Detail type of activities e.g. local walk/museum tour/outdoor/residential**Indoor/outdoor activities/sports/farm/parkland/museum**Mealtimes/dietary requirements/night-time/sleeping arrangements/staff ratios/home-sick/type & length of activities/day/additional medical conditions* ***What happens if…..?*** *Major injury or critical incident/alternative activities/returning to school/additional accommodation***In the event of a critical incident the EVL will contact/be contacted by the headteacher to implement the school’s** Emergency Management Plan.Any emergency financial implications during a visit will be discussed with the Headteacher for authorisation prior to any costs being incurred. |

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| --- | --- | --- | --- |
| Visit Leader (VL):   | **Name:** | Signed:  | Date: |
| Educational Visit Coordinator (EVC): | **Name:** | Signed:  | Date: |
| Headteacher (HT): | **Name:** | Signed:  | Date: |

ATTENDING ADULTS - AKNOWLEDGEMENT OF RISK ASSESSMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME | SIGNATURE | MOBILE No | NAME | SIGNATURE | MOBILE No |
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DO NOT SEND THIS FORM TO THE LOCAL AUTHORITY

MEDICAL CONDITIONS INFORMATION – PRIVATE & CONFIDENTIAL

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | CHILD’S NAME | CLASS | MEDICAL CONDITION | MEDICATION | DOSAGE | WHEN | STAFF NAME | TIME | SIGNATURE | COMMENT |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |