



# **WHOLE SCHOOL POLICY FOR THE MANAGEMENT OF EDUCATIONAL VISITS**

**LONG STRATTON HIGH SCHOOL**

## **Policy Consultation & Review**

This policy is available on request from the school office and is accessible on the school website.

This policy will be reviewed in full by the Governing Body every three years. This policy was last reviewed and agreed by the Full Governing Body in June 2020. It is due for review in June 2022.

Signature

Headteacher

Date: June 2020

Signature

Chair of Governors

Date: June 2022

# LSHS Policy for Offsite Visits

Long Stratton High School has formally adopted, through our Governing Body, the Norfolk 'Guidance for Offsite Visits'. [www.oeapng.info](http://www.oeapng.info) and as outlined on EVOLVE [www.norfolkvisits.org.uk](http://www.norfolkvisits.org.uk).

Further procedures have been agreed with the Governing Body to ensure that this policy is adhered to.

## Aims and purposes of Offsite Visits

LSHS has a strong commitment to the added value of learning outside the classroom and beyond the school premises. It will seek to provide a broad & balanced range of Learning Outside the Classroom opportunities for all its pupils.

Each year the school will arrange a number of activities that take place off the school site and both in and out of school hours, which support the aims of the school. The range of activities which the Governing Body has given its approval includes:

- Out of hours Clubs (music, drama, art, science, sport, homework etc)
- School sports teams
- Regular local visits (places of worship, swimming, other local amenities)
- Day visits for particular groups
- Residential visits
- Overseas visits
- Adventurous Activities.

## Approval Procedure

The Governing Body has delegated the consideration and approval of offsite visits and activities to the Head. The Head teacher has nominated Mrs Jo Rice as the Educational Visits Co-ordinator (EVC) and the Governing Body has approved this appointment and the EVC has received training by the LA.

Before a visit is advertised to parents the Head teacher and EVC will approve the initial plan. This must include a breakdown of cost. They will also approve the completed plan and risk assessments for the visit before departure. This will be undertaken using EVOLVE as the planning and approval system. [www.norfolkvisits.org.uk](http://www.norfolkvisits.org.uk)

The School has agreed a policy for categorising its visits in line with NCC guidance i.e.:

Level 3 visits - Must be approved via EVOLVE and the LA's on-line approval gained.

Level 2 Day visits - Approved at school level on EVOLVE by EVC and Head.

Level 1 Local day visits - LSHS has chosen to post a list of all Level 1 visits in the document library of EVOLVE (see Appendix 3) and will use in-house systems to record & approve such visits.

We will ensure that a set of standard operating procedures (SOP) or generic risk assessments exist for these Level 1 visits (see Appendix 2 and 13).

## **Definition of Levels:**

**Level 3** - Overseas, Residential or Adventurous visits. These must be approved on-line at school level on EVOLVE.

**Level 2** - Day visits not in our establishments list of Level 1. These must be approved on-line at school level on EVOLVE.

**Level 1** - These include:

- Local visits to Long Stratton taking place within school hours.
- Sporting fixtures less than 20mins drive away from LSHS.
- Visits to local feeder schools and high schools up to 20mins drive away taking place within school hours.
- Visits to schools within the IE Trust taking place within school hours.

## **Staffing**

At LSHS we recognise the key role of accompanying staff in ensuring the highest standards of learning, challenge and safety on a school visit.

Staff are encouraged and supported to develop their abilities in organising and managing visits. There will be a system within the school to allow less experienced members of staff to work alongside more experienced colleagues on visits. The selection of staff for offsite visits will be a key priority in the initial approval of any proposed visit. Staff will be suitably qualified and experienced for proposed activities.

Training will be provided to all staff on Educational Visits procedures at the start of each academic year. Any trip leaders will be provided with more in-depth training.

All resources will be stored under the Educational Visits Team site.

The school values and recognises the contribution of volunteer adults and parent helpers assisting with offsite activities and visits. Any volunteer will be approved by both the Head and Visit Leader and is entered on the voluntary helpers list kept by the school. They will be carefully briefed on the scope of their responsibility. Where it is appropriate the school will ensure that DBS screening is available for volunteers.

The appointed Visit Leader will be fully supported in the tasks required to arrange the visit. This will include, as necessary, making time or finances available to conduct an exploratory visit, briefing teachers and/or other staff, accessing training courses, reviewing and evaluating the visit or identifying time when the leader and EVC might work in partnership to undertake planning and risk assessments.

Visit staff will not be under the influence of alcohol or other drugs such that their ability to recognise hazards or respond to emergencies is in any way restricted. At any given time, staff must be in a position to transport pupils safely to receive medical attention should the need arise.

## **Risk Assessment**

The Visit Leader will seek to identify any significant risks from any activity that is under their control and take appropriate steps to ensure all participants are safe. Good practice precautions and safety measures will be taken and this will be recorded in a risk assessment.

All trips are required to have a risk assessment. The Visit Leader must use the school's standard risk assessment form(see Appendix 13 Generic Risk Assessment Form).

In addition, the Visit Leader must complete a COVID-19 Risk assessment form (See Appendix 14 COVID-19 Risk Assessment form).

A check will be made that the venue or provider are COVID-Secure via a declaration or Good to Go accreditation. The venue will be requested to provide updated visitor information and briefings, including their COVID-19 arrangements. The setting will review the arrangements to ensure that they are appropriate applying the principles that are known in relation to infection control, specially:

- Do they include measures relating to limiting contact between your group and other visitors?
- Do they support you to maintain distances within your group?
- Do they support good universal hygiene by visitors and staff e.g. hand washing/sanitisation stations?
- Do their communications and instructions remind people of the symptoms and ask them to stayaway if they should be isolating for any reason?
- Are appropriate cleaning and disinfection arrangements in place?

The Visit Leader must be clear that they have properly assessed the needs of children with medical needs and that they are aware and have read a copy of a child's care plan (where applicable). Please note that all care plans are held centrally in the school medical room. The Visit Leader must take a copy of any care plan with them on the trip and make sure that copies are given to any member of staff who has responsibility for that child at any time during the trip. The Visit Leader must also ensure that any medication is stored appropriately and that they are clear about appropriate levels of supervision needed whilst administering medicines. This information should be recorded on the Medicine Recording Form (see Appendix 1).

### **External Activity Providers**

Where external contractors are involved in organising all or part of the visit, the contract will be made with the school on behalf of the pupils. All payments for the visit will be made through the school accounts.

The Visit Leader will make appropriate checks before committing the school to the contract. This will include seeking assurances about health and safety, and any accreditation and licensing. Wherever possible the school will seek to use holders of the Learning Outside the Classroom Quality Badge for which no Providers Contracts or other assurance checks are required.

### **Parental Consents**

Online consent from parents will always be sought where children are asked to take part in off-site activities regardless of the fact that many of these activities may take place during school hours and are a normal part of a child's education at school. Parents will be told where their child will be at all times and of any extra information or measures required.

Parents complete a Parental Consent form (see Appendix 5) for Level One local visits as part of the admissions procedure. This consent covers the student for their whole time at the school to avoid the need for parents to give consent each time such a visit takes place.

Online consent will be requested for activities that need a higher level of risk management i.e. Level 2 and 3 activities, or those that take place outside school hours. These are created by the Data Manager at the trip leaders request (see Appendix 6,7 and 8).

As part of the parent consent they will be fully informed of the activities and arrangements for the visit. For all residential visit's parents will be invited to a briefing meeting where they can ask for clarification of any aspect of the itinerary and organisation of the visit.

### **The expectations of Pupils and Parents**

The school has a clear code of conduct for school visits based on the school 'Behaviour Policy'. This code of conduct will be part of the condition of booking by the parents. Pupils, whose behaviour is such that the Visit Leader is concerned for their safety, or for that of others, can be withdrawn from the activity. The Visit Leader will consider whether such pupils should be sent home early and parents will be expected to cover any costs of the journey home early.

## **Equality**

At Long Stratton High School everyone is valued highly and tolerance, honesty, co-operation, and mutual respect for others are fostered. A broad, balanced, and appropriate curriculum provides equal opportunity for all pupils to maximise their potential regardless of age, sex, gender identity, sexual orientation, race, religion, or disability.

At Long Stratton we endorse equality, tackle any form of discrimination, and actively promote harmonious relations in all areas of school life. We seek to remove any barriers to access, participation, progression, attainment, and achievement. To enable us to achieve this, we follow National guidance. The guidance around transgender young people and visits can be found at <https://oeapng.info/download/3027/#>

## **Emergency Procedures**

A member of the Senior Leadership Team will always act as the emergency contact for each visit. In the majority of cases this will be either the Head teacher, Deputy Head or an Assistant Head. All major incidents should immediately be relayed to this person, especially those involving injury or that might attract media attention. The Visit Leader must take with them a copy of the Visit Leader Checklist for EPOC form (Appendix 10) which holds out of school contact numbers for the EPOC, regardless of the fact that the visit may take place within school hours. Should the return time of a trip be delayed beyond school hours, the Visit Leader may need to contact the EPOC.

The Visit Leader must leave copies of registers, parental consent and contact information and medical details of students which are taken from the data collected from the online consent forms. They should also provide full details of accompanying adults, the visit destination and expected time of return. This information should be recorded on the Visit Leader Checklist for EPOC Form (see Appendix 10).

The Visit Leader must ensure that if there are more than one coach/modes of transport being used that a copy of the Visit Leader Checklist for EPOC Form with all copies of registers, parental consent and contact information and medical details of students which are taken from the data collected from the online consent forms, is with each group.

All incidents and accidents occurring on a visit must have an Accident Report form (Appendix 14) completed on the visit/trip. Once back in school this must be passed to the EVC who will record details following normal school procedures for reporting and investigating accidents.

## **Review by the Local Authority**

The school is supported in its arrangements for offsite visits by the County Council. Where necessary the school will seek advice from the Adviser for Outdoor Learning.

All visits that involve an overnight stay, going abroad and any that involve adventurous activities will be notified to the LA prior to departure. The LA will provide an independent reassurance check of the plan and the precautions and safety measures that will be taken.

Some sample monitoring will also be undertaken by the LA and the school agrees to facilitate this when and where required. Any advice provided will be fully considered prior to the trip taking place.

## **Charging Policy for Activities and Visits**

The school will comply with the law in relation to charges that may be made for the cost of activities provided outside school hours, within school hours and for board and lodging on residential courses.

### **The school has categorised trips into four types in terms of charging:**

1) Those trips required for the National Curriculum (e.g. Geography field trip) – the school will ask parents for a voluntary contribution so all students can go.

2) Trips deemed beneficial for the whole year group (e.g. Y10 Careers Fair) – the school will ask for a voluntary contribution so all students can go.

3) Educational trips which are optional for students. These would require a fixed amount to be paid. If students don't pay, they aren't able to go.

4) Trips in which students represent the school (e.g. sports teams, public speaking, YAB conferences, awards, training (e.g. Anti-Bullying Ambassador's training) etc. These trips would be free and no contribution towards the costs would be requested from parents.

### **Other school policies that this Educational Visit policy relates to are:**

- Charging & Remissions Policy
- Behaviour Policy
- Managing Medicines and First Aid Policy
- Equalities Policy

### **Documents included in this Educational Visit policy are:**

- Medical Recording Form (Appendix 1)
- Level One Standard Operating Procedures (Appendix 2)
- Level One Visits List (Appendix 3)
- Level One Standard Operating Procedures Fixtures (Appendix 4)
- Level 1 Visits Generic Parental Consent Form (Appendix 5)
- Level 2 Visits – Parental Consent Form (Appendix 6)
- Level 3 visits – Personal Information and Parental Consent Form (Appendix 7)
- Level 3 Visits – Personal and Passport Information and Parental Consent (Appendix 8)
- Visit Leaders Planning Checklist (Appendix 9)
- Visit Leader Checklist for EPOC (Appendix 10)
- LS1 Trip Form (Appendix 11)
- LS1 Trip Process Instructions (Appendix 12)
- Generic Risk Assessment Form (Appendix 13)

- COVID-19 Risk Assessment Form (Appendix 14)
- Accident Report form (Appendix 15)



**Appendix 1: Medical Recording form**

Medication Recording Form							
Student name							
Medication	Dosage	Time (circle)	Date given	Medication	Dosage	Time (circle)	Date given
		AM				AM	
		Lunch	Time given			Lunch	Time given
		PM				PM	
		Evening	Initials			Evening	Initials
		Other				Other	
Medication	Dosage	Time (circle)	Date given	Medication	Dosage	Time (circle)	Date given
		AM				AM	
		Lunch	Time given			Lunch	Time given
		PM				PM	
		Evening	Initials			Evening	Initials
		Other				Other	
Medication	Dosage	Time (circle)	Date given	Medication	Dosage	Time (circle)	Date given
		AM				AM	
		Lunch	Time given			Lunch	Time given
		PM				PM	
		Evening	Initials			Evening	Initials
		Other				Other	

## **Appendix 2: Level 1 Visits Standard Operating Procedures**

Level 1 visits should be covered by the blanket consent form in the school admissions pack (see Appendix 5), if this has not been obtained, parental permission must be sought. A record of pupils with Level 1 visit consent is kept on SIMS and is kept updated by the Data Manager.

Visits will take place within the times of the school day, unless they are sporting fixtures which can extend beyond the school day but adequate notice will be given to parents. Otherwise visits must be processed as a Level 2 visit on EVOLVE.

Parents will be notified of the visit before it takes place.

A suitable ratio of pupil to staff will be agreed with the EVC beforehand.

An accurate group list will be given to the office along with a completed **Visit Leader check-list** (see Appendix 9) as the group departs the premises.

The visit leader will carry a charged mobile phone.

A member of staff on the visit should hold a suitable first aid qualification and carry a simple first aid kit to deal with minor injuries. A qualified first aider may not be necessary for all off-site activities and visits, however a basic level of first aid support must be available at all times. This requires that one or more of the staff leading the activity:

- Has a working knowledge of simple first aid and is competent to use the first aid materials carried by the group.
- Knows how to access, and is able to access, qualified first aid support.

The visit leader will identify a member of SLT to act as EPOC for the duration of the visit and notify them of their safe return.

### **Appendix 3: Level 1 Visits List**

These visits are regular local visits covered by Standard Operating Procedures and covered by blanket consent:

- Visits to Long Stratton taking place within school hours including:
  - ASDAN visiting to Long Stratton
  - Carol service rehearsal & Carols on tour visits to feeder schools
- Sports fixtures taking place at other schools up to 20min drive away
- Visits to local feeder schools and high schools up to 20mins drive taking place within school hours
- Visits to schools within the IE Trust taking place within school hours

## **Appendix 4: LSHS Sports Fixtures Operating Procedure**

### **Notification of Away Fixtures**

A large wall planner calendar will be located in the main school office and it will contain the dates of sports fixtures, which staff are responsible for the fixture and the school it is played at.

Before leaving LSHS, the member of staff leading the fixture should ensure they have the correct out of hours contact details for their EPOC. They should give the EPOC a completed Visit Leader Checklist Form (see Appendix 9) with a fixture team sheet attached which includes the names of all pupils / staff on the fixture.

### **Staffing of Away Fixtures**

It is good practice that all fixtures should be staffed by a qualified first aider. A qualified first aider may not be necessary for all off-site activities and visits, however a basic level of first aid support must be available at all times. This requires that one or more of the staff leading the activity:

- Has a working knowledge of simple first aid and is competent to use the first aid materials carried by the group.
- Knows how to access, and is able to access, qualified first aid support.

All fixtures should ideally be staffed by at least two members of staff in order to supervise pupils during the minibus journey and so that a member of staff is available to travel in the ambulance in the event of a serious injury.

In the case of fixtures at local venues where a suitable member of staff will be no more than 20min drive from the venue for the duration of the fixture, it is possible for a member of staff to lead the fixture on their own.

A minibus driver cannot drive and supervise pupils at the same time, therefore a judgement needs to be made about the likely behaviour and individual needs of the passengers. If any of the pupils require close supervision, then another adult should travel in the vehicle so that the driver is not distracted during the journey.

It is essential that the EPOC is contactable by phone, available for the duration of the fixture and are able to travel there without delay and remain with the pupils if needed.

**Appendix 5: Parental Consent Form**  
**Level 1 Visits**



**For: Regular Sporting Fixtures less than 20min drive from LSHS**

**Visits to local feeder schools and high schools less than 20min drive and schools within the IE Trust; these visits will take place within school hours**

**Local Visits which do not require the use of transport**

**LONG STRATTON HIGH SCHOOL**

**Child.....Date of Birth.....**

I hereby agree to my child participating in the level 1 visits listed above over the course of my time at Long Stratton High School.

**I understand that:**

- such sporting fixtures may extend beyond the school day but adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return home;
- my specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards;
- all reasonable care will be taken of my child in respect of the activity/visit;
- my child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/ activity and will be subject to all normal school discipline during the visit/activity;
- any medical condition, disabilities, or special needs will be notified to the school now and as and when they arise;
- I agree to keep the school/establishment up to date with my emergency contact details.

The school should be aware that my child has the following medical conditions:

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

**Signature of Parent/Guardian(s).....**

Name(s)..... Date of signature.....

Address.....

.....Postcode.....

Telephone..... Mobile.....

**Other emergency contact:**

Name .....Telephone: .....

Relationship to child: .....

**This form is completed online using Microsoft Forms –  
A link will be provided in the ParentMail to parents/carers to complete**

**Appendix 6: Parental Consent Form - Level 2 Visits**



Visit Leader:

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group:

Date of visit:

Place of visit:

Method of travel:

---

Student first name: .....

Student last name: .....

Date of birth: .....

---

By completing this form, you confirm that:

I am willing for my child to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

---

Do you give permission for your child/ward to receive pain relieving medication when appropriate (one dosage of Paracetamol/Ibuprofen only)

Yes    No

Do you give permission for your child/ward to be provided with sun cream, if appropriate

Yes    No

Do you agree to your child/ward 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.

Yes    No

Please provide doctors name .....

Please provide doctors phone number.....

National Health number ( if unknown, please state Unknown ) .....

Date of last tetanus injection ( if unknown, please state Unknown ) .....

Please give details of any recent illnesses ( if none, please state N/A ) .....

Please give name and dosage of any medications being taken ( if none, please state N/A ) .....

.....

Please tell us about any allergies e.g. medicines, bee stings, food etc. ( if none, please state N/A )

.....

Please tell us about any food not eaten for religious or health reasons ( if none, please state N/A )

.....

Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

Please also provide details of how to manage any conditions your child may have ( if none, please state N/A )

.....

.....

My child has a Medical Care Plan, a copy of which is held within the schools

Yes      No

**Emergency contact details**

Please provide details of two people who can be contacted in an emergency during this event

Primary emergency contact name.....

Primary emergency contact relationship to child.....

Primary emergency contact phone number .....

Primary emergency contact address .....

.....

Secondary emergency contact name.....

Secondary emergency contact relationship to child.....

Secondary emergency contact phone number .....

**Declaration**

By completing your name and email address we will use this as your electronic signature that the information on this form is accurate.

Form completed by:

.....

Relationship to student

.....

Email address (this is your electronic signature)

.....

**This form is completed online using Microsoft Forms –  
A link will be provided in the ParentMail to parents/carers**

**Appendix 7: Personal information and Parental Consent  
Level 3 Visits**



Visit Leader:

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit:

Group being taken:

Day and date of departure:

Time:

Day and date of return:

Time:

List of activities to be undertaken:

Method of travel:

Will seat belts be fitted as standard:

---

Student first name: .....

Student last name: .....

Date of birth: .....

Home address and postcode.....

Main phone number.....

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By completing this form, you confirm that:

I am willing for my child to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

---

Do you give permission for your child/ward to receive pain relieving medication when appropriate (one dosage of Paracetamol/Ibuprofen only)

Yes    No

Do you give permission for your child/ward to be provided with sun cream, if appropriate

Yes    No

Do you agree to your child/ward 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.

Yes    No



Please provide doctors name .....  
Please provide doctors phone number.....  
National Health number ( if unknown, please state Unknown ) .....  
Date of last tetanus injection ( if unknown, please state Unknown ) .....  
Please give details of any recent illnesses ( if none, please state N/A ) .....  
Please give name and dosage of any medications being taken ( if none, please state N/A )  
.....

Please tell us about any allergies e.g. medicines, bee stings, food etc. ( if none, please state N/A )  
.....

Please tell us about any food not eaten for religious or health reasons ( if none, please state N/A )  
.....

Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

Please also provide details of how to manage any conditions your child may have ( if none, please state N/A )  
.....  
.....

My child has a Medical Care Plan, a copy of which is held within the schools

Yes      No

**Emergency contact details**

Please provide details of two people who can be contacted in an emergency during this event

Primary emergency contact name.....

Primary emergency contact relationship to child.....

Primary emergency contact phone number .....

Primary emergency contact address .....

.....  
Secondary emergency contact name.....

Secondary emergency contact relationship to child.....

Secondary emergency contact phone number .....

**Declaration**

By completing your name and email address we will use this as your electronic signature that the information on this form is accurate.

Form completed by:

.....

Relationship to student

.....

Email address (this is your electronic signature)

.....

**This form is completed online using Microsoft Forms –  
A link will be provided in the ParentMail to parents/carers**

**Appendix 8: Personal and Passport information  
and Parental Consent  
Level 3 Visits**



Visit Leader:

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit:

Group being taken:

Day and date of departure:

Time:

Day and date of return:

Time:

List of activities to be undertaken:

Method of travel:

Will seat belts be fitted as standard:

---

Student first name: .....

Student last name: .....

Date of birth: .....

Home address and postcode.....

.....

Main phone number.....

---

By completing this form, you confirm that:

I am willing for my child to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

---

Do you give permission for your child/ward to receive pain relieving medication when appropriate (one dosage of Paracetamol/Ibuprofen only)

Yes No

Do you give permission for your child/ward to be provided with sun cream, if appropriate

Yes No

Do you agree to your child/ward 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.

Yes No

Please provide doctors name .....

Please provide doctors phone number.....  
National Health number ( if unknown, please state Unknown ) .....  
Date of last tetanus injection ( if unknown, please state Unknown ) .....  
Please give details of any recent illnesses ( if none, please state N/A ) .....  
Please give name and dosage of any medications being taken ( if none, please state N/A )

.....  
Please tell us about any allergies e.g. medicines, bee stings, food etc. ( if none, please state N/A )

.....  
Please tell us about any food not eaten for religious or health reasons ( if none, please state N/A )

.....  
Please provide any other information/medical conditions which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. heart conditions, asthma phobias, epilepsy, hyperventilation, diabetes, travel sickness, toileting difficulties, friendship problems, etc.

Please also provide details of how to manage any conditions your child may have ( if none, please state N/A )

.....  
.....  
My child has a Medical Care Plan, a copy of which is held within the schools

Yes      No

**Emergency contact details**

Please provide details of two people who can be contacted in an emergency during this event

Primary emergency contact name.....

Primary emergency contact relationship to child.....

Primary emergency contact phone number .....

Primary emergency contact address .....

.....  
Secondary emergency contact name.....

Secondary emergency contact relationship to child.....

Secondary emergency contact phone number .....

**Passport Information**

Please provide passport details for your child.

If this information is not yet known please provide it to (TRIP LEADER) as soon as you have it in order that Advance Passenger Information can be provided to the airline and boarding passes can be issued.

Passports will be also collected in and stored in the school safe 10 days before departure.

.....  
Full name as it appears on passport.....

Nationality.....

Passport number.....

Date of issue.....

Expiry date.....

Country of issue.....

**Declaration**

By completing your name and email address we will use this as your electronic signature that the information on this form is accurate.

Form completed by:

.....

Relationship to student

.....

Email address (this is your electronic signature)

.....

## Appendix 9: Visit Leader's Planning Checklist – To be completed by trip leader before all trips are forwarded to EVC with LS1 form.

- Identify educational need for visit/journey/activity
- Read the school's Educational Visit Policy and all documentation within this
- Identify venues which could meet the educational objectives for all pupils. The setting will arrange a pre-visit where necessary to ensure that visit leaders understand the arrangements and requirements for visiting groups.
- Complete a risk assessment following the COVID-19 guidance before any trip can be signed off by EVC and Head
- Make preliminary visits to venue where possible, or seek advice from experts in the locality, or appropriate Local Authority for area to be visited
- Identify and appoint Visit Leader, Deputy, other adult supervisors, first aiders and potential participants. Ensure that anyone helping on the trip understands responsibilities before confirming attendance.
- Ensure all adults have DBS clearance, including non-teaching staff and coach drivers where they will be resident with the group and/or share regular or unsupervised access to young people becoming a trusted adult.
- Draft up a plan/itinerary and forward this with the LS1 A form. Making sure to include the LS1 B form to the EVC before committing to any financial commitment to the trip
- Once LS1 A and B signed off by Finance, Cover and EVC/Head, make provisional bookings, transport, accommodation and activities.
- Send out Parentmail to all attendees ensuring online consent form link is attached to Parentmail (see Appendix 5,6,7 and 8)
- Confirm bookings of transport, accommodation etc.
- Complete EVOLVE online form for approval of Educational Visit and Journeys and submit to EVC. Make sure programme of events is submitted, risk assessments, registers of students, parental consent and contact details and medical requirements for all students attending. This must be completed and submitted at least two weeks prior to trip departure.
- For visits abroad, adventurous activities and residentials, EVOLVE needs to be authorised by the Head and LA and will required at least 40 days prior to departure or the trip may not be authorised.
- Complete Provider Contract if using external provider to deliver activities.
- Invite parents and group members to briefing meeting (Level 3 only)
- Complete EPOC checklist (Appendix 10) ensuring you have been given consent to use member of SLT as EPOC. As part of this checklist, ensure you have taken copies of medical requirements and parental contact details.
- Retain copy of EPOC for trip leader, including all medical requirements and parental contact details.
- Ensure cash float/ credit card available for any fees etc.
- Arrange collection of LSHS mobile phones from Office – email request to [office@lshs.org.uk](mailto:office@lshs.org.uk)
- Check you have relevant medical care plans if required
- Ensure final briefing meeting with staff and students is completed – safety information, personal and protective clothing requirements (if required), behaviour, arrangements for supervision of free time/unstructured time.
- Carry out head count before trip begins
- During trip, complete Medication Recording form (Appendix 1) if required

Appendix 10: Visit Leader's Checklist – To be completed by trip leader before all trips leave the school premises

## VISIT LEADER CHECKLIST

This form must be completed before you leave school on any trip. Please hand to EVC before leaving, or in their absence the school office

Visit leader name \_\_\_\_\_

School mobile number \_\_\_\_\_

Visit leader personal mobile number \_\_\_\_\_

Destination \_\_\_\_\_

Mode of travel \_\_\_\_\_

Expected time of return \_\_\_\_\_

EPOC name \_\_\_\_\_

EPOC contact number \_\_\_\_\_

Has the visit been approved on Evolve? YES NO

Have you attached a completed register to this form? YES NO

Has a copy of this register gone to Attendance? YES NO

Have you attached students' emergency details to this form, including parental consent? YES NO

Have you attached a medical register to this form? YES NO

Do you have an appropriate first aid kit? YES NO

Do you have a copy of the EPOC emergency contact with you? YES NO

If there is more than one coach, does each coach have a copy of the required information? YES NO

If you have answered NO to any of these questions, you must explain why here: \_\_\_\_\_

\_\_\_\_\_

Signed by trip leader \_\_\_\_\_ Date \_\_\_\_\_

Signed by EPOC \_\_\_\_\_ Date \_\_\_\_\_



Appendix 11: LS1 A Form – to be completed and emailed to EVC

**LONG STRATTON HIGH SCHOOL  
APPLICATION FOR TRIPS AND VISITS  
LS1 A – Trip Approval Form**



<b>TRIP LEADER (Name)</b>		<b>DATE(S) OF TRIP</b>	
<b>NUMBER OF DAYS OF TRIP</b>		<b>START TIME OF TRIP</b>	
<b>RISK ASSESSMENT ATTACHED?</b>		<b>END TIME OF TRIP</b>	

Are you confident that this trip will run Y/N  
If not, dated requested online survey:

DEPARTMENT:

TITLE OF TRIP:

Year Group:

Outline of Trip:

Justification for Trip:

Please tick	✓	Curriculum Enhancement		Curriculum Entitlement		PLEASE COMPLETE
-------------	---	------------------------	--	------------------------	--	-----------------

<b>STAFFING</b>	<b>Authorised by:</b>
-----------------	-----------------------

**Do you need 121 TA support for any SEN students? Y/N**  
If yes, details students and TA here:  
.....  
.....

**Are there students with other PHYSICAL OR MENTAL health issues who will require particular support?**

**Staff to attend trip**

1.....  
2.....  
3.....  
4.....  
5.....

**Signatures**

1. EVC/Head Initial .....  
Date .....  
2. HoDs/SLT agree **DATE ONLY NEEDED**  
Date: .....  
3. Cover Manager .....  
Date: .....  
4. Finance Dept. ....  
Date: .....  
5. EVC Final Approval .....  
Date: .....

**Risk Assessment – main areas of focus**

1.....  
2.....  
3.....

6. Head Final Approval .....  
Date: .....



**PLEASE COMPLETE LS1 B FORM (TRIP FINANCE APPROVAL FORM) : STAFF, EDUCATIONAL VISITS, LS FORMS**

<b>LS1 B form - Trip Finance Approval Form</b>			
Please complete costs in column. Remember to include paper copies of invoices or costings with this form			<b>Total cost</b>
<b>Transport ( fuel for minibus and cars should be charged at 45p per mile )</b>			
Type	Company	Cost	0
<b>Accommodation</b>			
Type	Company	Cost	0
<b>Admission to be included</b>			
Type		Cost	0
<b>Other costs - include staff cover is required ( external cover should be charged at £190 per day )</b>			
Type		Cost	0
<b>TOTAL COST OF TRIP</b>			0
<b>Number of students required to make trip viable</b>			
<b>Cost to each individual student</b>			#DIV/0!
<b>Signature of Finance sign off:</b>		<b>Date:</b>	

## Appendix 12: Educational Trip Procedures

1. Visit leader to complete LS1 A and B forms. These are completed through Word and Excel, including all anticipated costs; indicate if trip is part of the curriculum or an enhancement as this affects the costing of the trip. Visit leader to check that trip date does not fall in closed window dates using school calendar.
2. A risk assessment will be carried out before LS1 A and B forms are passed to EVC for initial review – details of the requirement of this are provided in Appendix
3. LS1 A and B forms are emailed to Education Visits Coordinator for review and initial outline approval.
4. Does trip needs review at HODs meeting? If so, approval required from HOD/Line manager
5. Visit leader discusses staffing requirements with Cover Supervisor who will identify any cover costs on the form, and sign.
  - 4.1 If trip is essential and part of the curriculum/exam process then the school should pay for staff cover costs
  - 4.2 If this trip is not part of curriculum requirement, cover costs must be included in the overall cost and be part of the charge to parents. Cover should be charged at £190 / day in the first instance.
6. Finance review the data on the LS1 B form
  - 5.1 agree on number of pupils required to make trip viable (we usually base this at 10% lower than total pupils eligible)
  - 5.2 Finance sign off LS1 B form (& keep a copy in finance for reference)
  - 5.3 Finance set up a trip code on accounts system
6. Finance return form to EVC. EVC and Head sign off trip. Paperwork is then sent back to Visit leader.
7. Visit leader requests online consent form for either Level 1, 2 or 3 from Data Manager. Once link created, visit leader sends Parentmail request form and copy of LS1 A and B forms to Office.
  - 7.1 Office should not send out Parentmail unless they can see trip has been signed off by EVC and Head. The Parentmail should match details on LS1 A and B form - check financial data and dates etc.
8. Parents pay for trip via Parentmail and completing online consent forms.
9. Visit leader contacts Data Manager to request online consent data to then complete the EVOLVE online form, and upload relevant documents.
10. Visit leader keeps in touch with School Office to discuss payments received and chase pupils who are yet to pay.
11. Visit leader completed EPOC forms and ensures paperwork is attached to the EPOC and their own copy before trip leaves school premises.
12. Visit leader returns all completed EPOC paperwork to EVC after trip returns to school.
13. After trip, finance to close trip account once all invoices paid and income recorded.
  - 11.1 Use trip spreadsheet as tick sheet to ensure completed tasks and move closed trip to closed trips tab.
  - 11.2 Complete Trip Financial Review Form: to be signed off by finance, teacher, then CFO

12. Surplus trip income greater than £5 per student will be reimbursed to parents. If a trip is not cost ed properly and mismanaged, any deficits will be deducted from the department's budget. Surplus trip income will be accumulated into a trip fund and used to mop up any small losses.

## Appendix 13 Generic Risk Assessment form

Visit to:	Date:	Group size:	Age range:
Visit leader:		Other staff attending:	
Educational objectives:			

Hazard	How to manage it	Who to be informed		
		Parents	Staff	Pupils
Hazard – to who and like hood Site – Group – Activity - Transport	What procedures will be in place (controlled measures)			

Name of leader assessing: \_\_\_\_\_

Signature of leader: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 14 COVID-19 Risk Assessment form

Visit to:	Date:	Group size:	Age range:
Visit leader:		Other staff attending:	

A risk assessment will be carried out for all educational visits and in addition to using Evolve:

A check will be made that the venue or provider are COVID-Secure via a declaration or Good to Go accreditation

The venue will be requested to provide updated visitor information and briefings, including their COVID-19 arrangements

The setting will review the arrangements to ensure that they are appropriate applying the principles that are known in relation to infection control, specially:

- o Do they include measures relating to limiting contact between your group and other visitors?
- o Do they support you to maintain distances within your group?
- o Do they support good universal hygiene by visitors and staff e.g. hand washing/sanitisation stations?
- o Do their communications and instructions remind people of the symptoms and ask them to stay away if they should be isolating for any reason?
- o Are appropriate cleaning and disinfection arrangements in place

Have you attached the declaration from the provider/venue that they are COVID-Secure?	If this is not provided then the trip request will not be reviewed
Have you checked that measures are in place relating to limiting contact between your group and other visitors? Please provide details	
What is the venue/provider doing to supporting social distancing within your group? Please provide details	
What details have they provided to show good universal hygiene? Please provide details	
Please provide details of their communications which show they are reminding people of symptoms and requesting that people stay away if showing symptoms? Please provide details	
What appropriate cleaning and disinfection arrangements are in place? Please provide details	

Name of leader assessing: \_\_\_\_\_

Signature of leader: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 15 Accident Reporting Form**

**Accident or near-miss Report**



Child's name: ..... Age: .....

Date: ..... Time of accident:.....

Location of the accident: .....

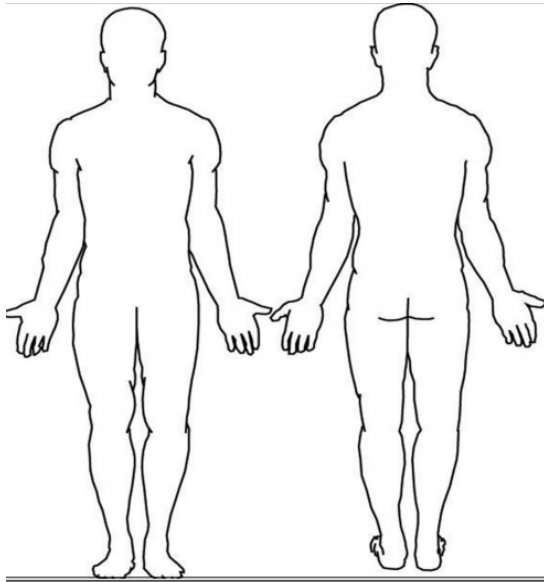
How did the accident happen?.....

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

What injuries did the child sustain?.....

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

Body Map:



First aid

Administered and by whom:

.....  
.....

Person attending to accident: .....

Other staff present: .....

.....

Were parents contacted at the time?    Y        N

If no, please provide reason: .....

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

Comments: .....

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

Witnesses:.....

.....

Follow-up actions and monitoring

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

Spare recording notes

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

Signature of person reporting accident: .....

Print name: .....

Date: .....

Signature of EVC on receipt of form: .....

Print name: .....

Date received: .....

Date uploaded to Evolve: .....

Date uploaded to Smartlog: .....

Headteacher informed: Yes/No