Educational Visit Risk Assessment

School trip planning and risk assessment: destination, staffing ratios, transport, medical needs, hazards and approval.

Visit

Destination *	
Date of visit *	_____ / _____ / _____
Depart	_____ : _____
Return	_____ : _____
Visit leader *	
Group / year	
Number of pupils *	
Number of staff *	
Transport *	☐ Coach ☐ Minibus ☐ Public transport ☐ Walking ☐ Other
Provider pre-visit / licence checked?	☐ Yes ☐ No ☐ N/A

Preparation

Item	Yes	No	N/A
Parental consent obtained *	☐	☐	☐
Medical and dietary needs known *	☐	☐	☐
Medication and first aid kit taken *	☐	☐	☐
First aider in group *	☐	☐	☐
Emergency contacts and plan *	☐	☐	☐
Head teacher / EVC approval *	☐	☐	☐
Insurance in place *	☐	☐	☐
SEND needs planned for *	☐	☐	☐

Hazards

Hazard / activity *	Who could be harmed	Control measures *	Residual risk *

Hazard / activity *	Who could be harmed	Control measures *	Residual risk *

Approval

Additional comments	
Visit leader name *	
Visit leader signature *	
Date signed *	_____ / _____ / _____
Approved by (EVC / head)	
Approver signature	

* Required