



## Field Trip Planning Form

<p><b>Year:</b></p> <p><b>Total no. of students:</b></p> <p><b>Amount details:</b></p>	<p><b>Date of trip:</b></p> <p><b>Start Time:</b></p> <p><b>Expected return time:</b></p> <p><b>Team Leader:</b></p>
--	--

Destination and Curriculum Area	Accompanying Adults	Total:

**Risk Assessment: Health and Safety**

**Provision for First Aid:**

- FA boxes in all buses
- Additional FA Kit is provided by the School clinic.

<p><b>Medical Needs</b> <i>(if any):</i></p>	<p><b>SEN Needs</b> <i>(if any):</i></p>
--	--

**Arrangements for eating outside:**

Signed:.....	(Team Leader/Teacher in Charge)
Signed:.....	(School Doctor/Nurse)
Signed:.....	(Approved – Head / Deputy)
Signed:.....	(Approved – Principal)