

### ROWHILL SCHOOL RESIDENTIAL VISITS

To arrange a residential visit firstly discuss this with your Department Head who will liaise with the Deputy Head. Discuss the details of what is proposed ideally 10 weeks minimum for a residential.

Once agreed this form needs to be completed for all overnight visits. On completion a hard copy goes to B Inman EVC. An electronic copy will be held in Central Resources – Staff room – Trips Risk Assessments 2021 to 2022.

Your trip cannot be classified as authorised until BI has received a copy by email and a hard copy.

Residential visits will be logged on-line using the **Evolve** form.

## **Check List**

## A Risk Assessment needs to be attached to this form

Dates of visit: to:
Teacher in charge of visit:
Other adults in party:
Number of children:
Letter sent home (If required)
Playground duty substitute arranged (if necessary)
Arrangements made for rest of class
Equipment list sent home (if required)
Cook informed (3 weeks notice)
Deputy Head informed for timetable alterations
List of children going on visit attached
List of pupils requiring medication
Transport arrangements (minibus, on foot etc)
Parents permission given in all cases (consent required)
*Entered in School Diary (Reception)
Complete risk assessment form
*Minibus booked/rearranged

# 2/5 **DETAILS OF VISIT** Destination Address of venue Telephone: Email: Dates to Outline of visit/course via a brief daily programme for morning, afternoon/evening including activities, areas to be visited, and staff involvement: Is this programme supported Yes No by ABTA or ATOL (https://www.abta.com/) Reference Number

The party leader is

appropriate

Insurance provider details if

### **ROWHILL SCHOOL**

## DINNER NUMBERS FOR VISITS - 3 WEEKS NOTICE MINIMUM REQUIRED FOR THE COOK. PLEASE PASS THIS ONTO ALYSON FORBES

Date/s of visit:		
Medication deta	ils required for both pupils and s	staff

_	T	<b>r</b>	_	1	T
				Free	Medication required
Children:	Class	Packed	Paid	School	*
	Class	lunch	school	Meals	Meds, dose and timings
		Tullell			Meds, dose and tillings
			dinner	requiring	
				a packed	
				lunch	
Staff:					
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				]	

Rowhill School	<b>Collection</b>	Record	(If req	(uired)	J
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Sheet No 1

Visit to	. On:	Approximate Cost £
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Name of Pupil	Deposit	<b>Amounts Received</b>						Balance	
DATE:									
TOTAL:									
SIGNATURE:									