Risk Assessment Cover Sheet

Destination | **Date/s** | **to**

Address

Staff Leader

Children:	Class	Packed lunch	Free School Meals	Medication required Meds, dose and timings

Staff:				

Put N/A if you are not going to be offsite for lunch.

Flexibility is made available in terms of staff changes made. However, if staff going off site have any medical issues this needs to be logged on this cover sheet.

Risk Assessment (signed) ……. Date: …….
Completed