



Field Trip Planning Form

<p>Year:</p> <p>Total no. of students:</p> <p>Amount details:</p>	<p>Date of trip:</p> <p>Start Time:</p> <p>Expected return time:</p> <p>Team Leader:</p>
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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>Medical Needs <i>(if any):</i></p> 	<p>SEN Needs <i>(if any):</i></p>
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Arrangements for eating outside:

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