



Trips and Visits Planner

Complete this form and leave it at the front desk when taking students on a trip. Every student on the trip must be listed on the back of this form (unless this is a whole class/group trip and attendance has already been entered in Kamar).

Important Note: Reception will act if you need support in **ANY** Situation. Please ring reception 03 3777773. Reception is able to coordinate all support for you, including contacting parents and SLT, medications, injury, accidents, behaviour etc. whilst you support the students in your care.

| | |
|--|--|
| Homebase / class / group | |
| Location of visit | |
| Address of location | |
| KAMAR completed (<i>or students listed over</i>) | |

| | |
|----------------------|--|
| LA / adult in charge | |
| Contact phone number | |
| Date of visit | |
| Time leaving | |
| Time returning | |

| Other adults involved | RAMS trained? | | Police vetted? | |
|-----------------------|---------------|---|----------------|---|
| | Y | N | Y | N |
| | Y | N | Y | N |
| | Y | N | Y | N |
| | Y | N | Y | N |
| | Y | N | Y | N |
| | Y | N | Y | N |
| | Y | N | Y | N |

| Have you remembered: | | |
|---|---|---|
| Contact details of attending students (or KAMAR app)? | Y | N |
| Possible medical details of students (or KAMAR app)? | Y | N |
| Student medications? | Y | N |
| First aid kit? | Y | N |
| Cell phone in each group? | Y | N |
| A copy of this form to the office? | Y | N |
| A copy of this form to each adult on the trip? | Y | N |

Complete ONE of the following declarations

| Low Risk, Central City | Low Risk, beyond central city | High Risk trips |
|--|---|---|
| This is a low risk trip, within the Four Avenues. I confirm that I have read the Low Risk Safety Action Plan and I have identified any additional risks. I agree to follow the processes and guidelines outlined in the Safety Action Plan. | This is a low risk trip. My Safety Action Plan has been approved by SLT and I agree to follow its processes and guidelines. | This is a high risk trip. I confirm that my Safety Action Plan has been approved by the BOT and SLT and I agree to follow its processes and guidelines. |
| Signature | Signature | Signature |
| Date: | Date: | Date: |



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- It is vital that we know **exactly who is on the trip with you**. All students' names must be listed here, unless you are taking a whole class or Kamar group with you, and attendance has already been entered in Kamar for that class / group.

| Student Names Cell contact: | Student Names Cell contact: |
|--------------------------------|--------------------------------|
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- If traveling in cars**, you need to clearly indicate which students are in each vehicle. They must travel to and from the location with the same driver. Drivers' names and contact numbers must be provided. In the event of an urgent change, the LA and office must be informed before the driver leaves.
- All drivers must have a copy of this form in case they need to contact someone in another vehicle.
- All drivers must comply with legal requirements and the requirements covered in RAMS training around the use of vehicles, seatbelts and road worthiness of vehicles.
- All children under the age of 8 years **must** have a booster seat.
- When traveling in multiple cars, you may prefer to [use this form to indicate who is in each vehicle](#), or attach a separate sheet.