

**OUT-OF-SCHOOL VISITS FORM – APPROVAL IN PRINCIPLE**

<b>VISIT LEADER</b>
Signature:
Name in BLOCK capitals:
Position:

Date approval in principle requested:
Date approval in principle granted:

<b>TITLE OF VISIT:</b>
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**1. Number of Pupils on Visit**

No. of boys (name school):	Female:
Classes or groups involved:	

**2. Accompanying Staff**

Name:	First Aid Qualification?	Yes/No
Name:	First Aid Qualification?	Yes/No
Name:	First Aid Qualification?	Yes/No
Name:	First Aid Qualification?	Yes/No
Name:	First Aid Qualification?	Yes/No
Name:	First Aid Qualification?	Yes/No

**3. Educational Objectives of Visit**

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**4. Venues/Activities**

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**5. Departure and Return**

Departure date:	Departure time:
Return date:	Return time:

**6. Transport Requirements**

Is transport required?
If yes, specify requirement:

**7. Outside Agencies**

Will an outside agency or holiday or travel firm be involved?	Yes/No
If yes, fill in and attach form Firm Selection (Appendix 1)	
Form completed satisfactorily?	Yes/No

**8. Adventurous Activities**

Will any adventurous activities take place?	Yes/No
If yes, fill in and attach form Adventurous Activity Safety (Appendix 2)	
Form completed satisfactorily?	Yes/No

**9. Overnight Stay**

Will the visit involve an overnight stay?	Yes/No
If yes, fill in and attach form Accommodation for Out-of-School Visits (Appendix 3)	
Form completed satisfactorily?	Yes/No

**10. Exchanges and Home Stay Visit**

Is this trip an exchange or home stay visit?	Yes/No
Will standard letters be used to explain to parents?	Yes/No
Has confirmation about host families been received?	Yes/No

**11. Insurance and Finance**

Will <i>additional</i> insurance be required?	Yes/No
Have insurance arrangements been passed to the Bursar for approval?	Yes/No
Has the Bursar approved the proposed financial arrangements for the trip and signed the separate financial forms? (Annex C)	Yes/No
Have you made arrangements with the catering manager for provision of packed lunch and/or arrangements for girls missing lunch in school? If so, attach copy.	Yes/No

**12. Swimming**

Will there be swimming?	Yes/No
Have you filled out a swimming checklist? (Annex B Appendix 5)	

**13. Parents with Group and Other Extra Helpers**

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

**14. Availability and Details of Mobile Telephones**

Name:	Staff/Parent/Other	Mobile Phone No.
Name:	Staff/Parent/Other	Mobile Phone No.
Name:	Staff/Parent/Other	Mobile Phone No.
Name:	Staff/Parent/Other	Mobile Phone No.

**15. Home Contact People**

Name 1:	Address:
Daytime telephone number:	
Night-time telephone number:	
Other telephone numbers:	

Name 2:	Address:
Daytime telephone number:	
Night-time telephone number:	
Other telephone numbers:	

**16. Risk Assessment**

Have you filled in and attached Risk Assessment Form at Annex D?	Yes/No
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**17. Pupils with known Medical Difficulties**

Name:	Disability:
Name:	Disability:
Name:	Disability:
Name:	Disability:
Have arrangements been made to handle any known medical condition?	Yes/No
Are all details relating to pupils and their medical conditions attached?	Yes/No

**18. National Guidance**

Have you complied with all relevant aspects of National Guidance? (see <a href="http://www.oeapng.info">www.oeapng.info</a> )	Yes/No
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**TO THE HEADMISTRESS**

I request approval in principle for the proposed visit, details of which are outlined above.

Signature:	Date:
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**HEADMISTRESS' APPROVAL IN PRINCIPLE**

Approval in principle is given, subject to all risk assessments and other appendices to this document being filled out satisfactorily and the Bursar and Deputy Head having given their approval to arrangements. The educational visit does not receive final approval until after my second signature of this document.

Signature:	Date:
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**BURSAR'S APPROVAL OF INSURANCE AND FINANCE**

Signature:	Date:
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**FORM CHECKED AND COPY RETAINED BY THE DEPUTY HEAD**

I have discussed this visit with the organiser and I am satisfied that the planning has been carried out in accordance with National Guidance and school policy.

Please ensure a detailed itinerary and a final list of pupils attending seven days before the party is due to leave is lodged with the Headmistress, Deputy Head and Bursar.

Please submit a report and evaluation of the visit, including details of any incidents, as soon as possible on return but not later than two weeks thereafter.

**DEPUTY HEAD'S APPROVAL**

Signature:	Date:
Checked by Deputy Head's PA to avoid calendar clashes or cover problems	Date:      Initials:

**Parental Consent (Annex E) and Medical Information (Annex F) Forms – To be filled in once Approval in Principle has been granted**

All consent forms and medical questionnaires completed, signed and returned?	Yes/No
Have arrangements been made to handle any medical condition?	Yes/No
Are all details relating to pupils and their medical conditions attached?	Yes/No
Are any inoculations or other special precautions advised for the location of this trip? (attach details)	Yes/No

**HEADMISTRESS' FINAL APPROVAL**

I am satisfied with all aspects including the planning, organisation and staffing of this proposed visit. I therefore give approval for it to go ahead.

Signature:	Date:
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