



**MOWDEN HALL SCHOOL**  
**EDUCATIONAL VISITS POLICY**

This policy is applicable to all pupils, including those in EYFS  
Responsibility: Deputy Head (Educational Visits Coordinator)

**Introduction**

Mowden Hall School believe that learning outside of the classroom is an essential component of the curriculum, and places great value on educational visits for all of its pupils, including the very youngest. They extend the curriculum, promote social awareness and enhance physical skills, self-confidence, self-awareness and team-working. The common factor is that they all make an essential contribution to the pupils' development and education in the broadest sense of the world.

The policy is formulated having regard to DfES Guidance *Health and Safety: advice on legal duties and powers*. These areas are considered throughout the planning process.

- (a) The lead member takes responsibility for organising the trip and along with the allocated staff is responsible for the pupils' behaviour whilst on the trip.
- (b) The lead member of staff is responsible for the detailed planning of the trip including the formulation of all the necessary risk assessments and the provision of first aid equipment. He/she must ensure adequate preparation of all pupils including those with special or medical needs.
- (c) Staff are responsible for the health and safety of the pupils whilst on the visit. Checks (including CRB/DBS) are made, where appropriate, on any volunteers or staff from outside agencies who may come into contact with the pupils.
- (d) Child : Staff Ratios and Group Sizes. For children under the age of the 3 the ratio is 1:4. For children 3 – 5 years of age, we use a ratio of 1:8. In accordance with HSE guidelines, for children aged 5 – 13, those planning trips, on the basis of risk assessment, should decide the ratios, taking into account the activity to be undertaken and the age and maturity of the pupils.
- (e) The trip proforma is used to identify pupils with special and/or medical needs.
- (f) If necessary, correspondence is sent to the parents. The lead member will take with him/her a list of parental contact information. For some trips, Clarion Call will be set up and relevant information included in leader's pack.

- (g) The trip proforma allows the lead member to identify transport requirements and make the appropriate bookings. The lead member is also responsible for reading and applying the appropriate generic risk assessments.
- (h) The lead member is responsible for ensuring that adequate insurance cover is in place for the trip. This must be done in conjunction with the bursary and Headmaster.
- (i) The Headmaster has overall responsibility for the range of trip and visits that occur throughout the year. He is tasked with maintaining a balance of trips across the year groups and the curriculum.
- (j) Overseas visits require much greater preparation and should be planned well in advance
- (k) Every attempt will be made to contact the pupil's parents in case of emergency.

### **Trip Planning**

#### **Prior to the Visit**

- Every visit or trip must be carefully planned and the objective of the trip clearly identified.
- Initial ideas must be discussed and agreed with the Headmaster and the Deputy Head before any detailed planning is initiated to ensure that a balanced programme of trips can be maintained.
- Budgets must be calculated and agreed, along with the method of payment, with the Headmaster. **Should the trip incur additional cost to the parents, this must be agreed by the Bursary, and *The Cothill Trust Trips Form* completed. Please note this permission must be sought prior to the trip being advertised to the parents.**
- A Trips Pro-forma must be completed and signed by the Headmaster, copied and given to the School Office for reference.
- Where necessary a pre-trip visit should be made so that the teacher leading the visit is familiar with the surroundings.
- Ensure that all pupil information including special needs, medical, dietary and contact information is current and available to the staff on the trip.
- Make sure that any accompanying staff and parent helpers are fully briefed prior to the visit.
- Ensure you have a mobile telephone to take with you on the visit. If necessary, book out the school mobile telephone with the School Secretary.

### **The Trips Pro-forma**

The pro-forma must be completed by the lead member of staff before the trip is undertaken. It includes:

- Educational Objectives
- Staffing levels
- Transport arrangements
- Consent Forms, special educational needs and medical info
- Budgeting
- Catering arrangements
- Risk Assessments
- Details of overnight accommodation (where appropriate)
- Outside agencies (where appropriate)
- Additional Insurance information (where appropriate)
- Details of outdoor activities (where appropriate)

### **Leader's Pack**

The Visit Leader should ensure the following information is included in their pack. A copy of this pack should also be given to the Deputy Head to retain in school.

- Completed Out of School Visit Pro-forma
- Itinerary and all relevant contact details
- Register (indicate method of supervising children)
- Medical/ Dietary/ Special Educational Needs of children
- Parental Contact Details and Clarion Call information
- Generic Risk Assessments
- Event Specific Plan
- Crisis Management Plan
- External provider Form (if necessary)

### **Risk Assessments**

There are three levels of risk assessment:

- **Generic** – identifies common hazards with the activity wherever it takes place. There are a bank of these in the folder 'School Trips' on the staff shared area.

- **Event Specific** – specific hazards associated with each unique visit. This considers specific issues related to
  - **The staff team**
  - **The venue**
  - **Planned activities**
  - **The group**
- **On-going** – these are judgements and decisions made as the need arises. Visit leaders, group leaders or other adults should constantly reassess risks while the visit is taking place. For example:
  - **Changing weather**
  - **Tiredness/ illness within the group**
  - **Issues with other groups at same venue**
  - **Emergencies**
- **Always have a Plan B**
- **Don't be afraid of saying 'No'**

### **Consent Forms**

Written parental consent is not required for the majority of off-site activities offered by the School. As such activities are part of the School's curriculum and usually take place during the normal school day. Accordingly, children may walk, travel by coach, minibus or public transport to any of these activities.

Mowden Hall School may require additional written consent for activities that need a higher level of risk management or those that take place outside school hours.

The annual consent form gives permission for the child to:

- a) Take part in school trips and other activities that take place off school premises; and
- b) Be given first aid or urgent medical treatment during any school trip or activity.

The trips and activities covered by the consent form include;

- All visits (including residential trips) which take place during the holidays, evenings or weekends
- Adventure activities at any time
- Off-site sporting fixtures outside the school day

Mowden Hall School will send parents information about each trip/activity before it takes place. Parents can tell the school that you do not want their child to take part in any particular school trip or activity.

| <b>OUT-OF-SCHOOL VISITS PROFORMA</b>                        |                   |                    |     |
|---|-------------------|--------------------|-----|
| <b>VISIT ORGANISED BY</b>                                   |                   |                    |     |
| Name:   |                   | Position:          |     |
| <b>Departure and Return</b>                                 |                   |                    |     |
| Departure Date:   |                   | Departure Time:    |     |
| Return Date:  |                   | Return Time:       |     |
| <b>Place(s) to be visited</b>                               |                   |                    |     |
|   |                   |                    |     |
| <b>Aims and Objectives of Visit</b>                         |                   |                    |     |
|   |                   |                    |     |
| <b>Pupils on Visit</b>                                      |                   |                    |     |
| Number:   |                   | Classes or groups: |     |
| Staff : Pupil ratio   |                   |                    |     |
| <b>Accompanying Staff</b>                                   |                   |                    |     |
| Name:   |                   | Name:              |     |
| Name:   |                   | Name:              |     |
| Name:   |                   | Name:              |     |
| Name:   |                   | Name:              |     |
| <b>Transport Requirements</b>                               |                   |                    |     |
| Are the Minibus(es) reserved in the School diary? How many? | Yes - 1 or 2      | No                 | N/A |
| Is a coach booked? How many seats?                          | Yes - seats _____ | No                 | N/A |
| Other, please specify:                                      |                   |                    |     |
|   |                   |                    |     |

| <b>Consent Forms and Medical Information</b>   |   |     |     |
|--|---|-----|-----|
| Have you checked parental consent forms are in place?  | Y | N   | N/A |
| Are staff accompanying trip appropriate First Aid trained?   | Y | N   | N/A |
| Do any pupils have any special medical requirements (ie Epipens) or special educational needs?           | Y | N   | N/A |
| If <b>yes</b> , please specify:  |   |     |     |
| <b>Budget</b>  |   |     |     |
| Have you cleared the costing of the trip with the Headmaster?  | Y | N   |     |
| Have you completed The Cothill Trust Trips Form (for trips which incur an additional cost to the parent) | Y |     | N/A |
| Have you given the Bursary a copy of the trip letter and details of the pupils participating?            | Y | N   |     |
| Are full details of the financial budget for this trip attached?   | Y | N   |     |
| <b>In-School Catering</b>  |   |     |     |
| Has the Kitchen been notified of changes to the normal provision of school lunches?                      | Y | N/A |     |
| Do any pupils have any special dietary requirements?   | Y | N   |     |
| If <b>yes</b> , please specify:  |   |     |     |
| <b>Other Staff</b>   |   |     |     |
| Has the Director of Music been informed? - effect on Peripatetic Music                                   | Y | N/A |     |
| Has the Director of Sport been informed? - effect on matches   | Y | N/A |     |
| <b>Mobile Telephone</b>  |   |     |     |
| Does the School Office have a current mobile telephone number for the group leader?                      | Y | N   |     |
| Have you booked out the School mobile telephone?   | Y | N/A |     |
| <b>Information for Parents</b>   |   |     |     |
| Have parents been given relevant information?  | Y | N   |     |
| Has Clarion Call been set up?  | Y | N/A |     |

| <b>Risk Assessments</b>   |          |   |
|---|----------|---|
| I have read and understood the relevant school generic risk assessment policy(ies). | Y        | N |
| I have completed an event specific risk assessment, which is attached.              | Y        | N |
| Signed:   | Date:    |   |
| <b>Relevant Contacts</b>  |          |   |
| Name:   | Name:    |   |
| Address:  | Address: |   |
|   |          |   |
|   |          |   |
|   |          |   |

If your trip involves any of the below, please complete and sign as necessary.

| <b>Overnight Stay</b>   |   |   |
|---|---|---|
| Will the visit involve an overnight stay?   | Y | N |
| If yes, fill in and attach form - Accommodation for Out-of-School Visits  |   |   |
| <b>Outside Agencies</b>   |   |   |
| Will an outside agency or holiday or travel company be involved?  | Y | N |
| If yes, fill in and attach form - Firm Selection  |   |   |
| <b>Insurance</b>  |   |   |
| Will extra insurance be required? (Please check with the Bursary)   | Y | N |
| If yes, fill in and attach form - Insurance for Out-of-School Visits  |   |   |
| <b>Outdoor Activities</b>   |   |   |
| Will any outdoor activities take place?   | Y | N |
| If yes, fill in and attach form - Outdoor Activity Centre Safety Systems. Please note if the centre does not hold LOtC accreditation an External Provider Form must be completed. |   |   |

**GENERIC RISK ASSESSMENTS TO BE ATTACHED TO THIS FORM.** Please tick all those that apply and they will be included in the booklet form returned to you for the trip.

|                                     |   |
|-------------------------------------|---|
| Activities local to establishment   |   |
| All visits                          | ✓ |
| Archery                             |   |
| Camping - lightweight camp          |   |
| Camping - Standing camp             |   |
| Canoeing - Kayaking                 |   |
| Crisis Management Plan              | ✓ |
| Farm Visits                         |   |
| Ferry Journeys                      |   |
| Minibus Travel                      |   |
| Rail Travel                         |   |
| Residential Accommodation           |   |
| Sporting fixtures                   |   |
| Use of private vehicles             |   |
| Visitor attractions and theme parks |   |

|               |             |
|---------------|-------------|
| Signed: _____ | Date: _____ |
|---------------|-------------|

TO THE HEADMASTER

I grant approval for the proposed visit, the full details of which are outlined above.

Please ensure that I have detailed itinerary and a final list of pupils attending seven days before the party is due to leave.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FORM CHECKED AND COPY RETAINED BY THE HEADMASTER



**HEALTH AND SAFETY RECORD  
ACCOMMODATION FOR OUT-OF-SCHOOL VISITS**

|                                   |              |
|-----------------------------------|--------------|
| <b>Assessment carried out by:</b> | <b>Date:</b> |
|-----------------------------------|--------------|

**Name of accommodation:**

**Address of accommodation:**

**Telephone:**

**Designation (e.g. hostel, field centre):**

| Item                              | Satisfactory |   | Defect | Action Taken/ Required |
|-----------------------------------|--------------|---|--------|------------------------|
|                                   | Y            | N |        |                        |
| Beds/Bunks                        |              |   |        |                        |
| Toilets/basins                    |              |   |        |                        |
| Showers/baths                     |              |   |        |                        |
| Classroom                         |              |   |        |                        |
| Recreation are                    |              |   |        |                        |
| Cleanliness/warmth                |              |   |        |                        |
| Kitchen                           |              |   |        |                        |
| Dining room                       |              |   |        |                        |
| Quality of food                   |              |   |        |                        |
| Quantity of Food                  |              |   |        |                        |
| Special diets                     |              |   |        |                        |
| Health/hygiene cert.              |              |   |        |                        |
| Cook qualified                    |              |   |        |                        |
| Fire alarms/emergency exits       |              |   |        |                        |
| CRB/DBS check (where appropriate) |              |   |        |                        |

**Follow up action carried out:**

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

**HEALTH AND SAFETY RECORD - COMPANY SELECTION**

|                                   |              |
|-----------------------------------|--------------|
| <b>Assessment carried out by:</b> | <b>Date:</b> |
|-----------------------------------|--------------|

|                            |
|----------------------------|
| <b>Name of Company:</b>    |
| <b>Address of Company:</b> |
|                            |
|                            |
| <b>Telephone:</b>          |
| <b>Email:</b>              |

| Item  | Satisfactory |   | Defect | Action Taken / Required |
|---|--------------|---|--------|-------------------------|
|   | Y            | N |        |                         |
| If LOtC Quality Badge not held, External Provider Form should be completed for Tour Operators |              |   |        |                         |
| ABTA approved   |              |   |        |                         |
| EC bonded   |              |   |        |                         |
| Brochure details  |              |   |        |                         |
| Pre-visit visit   |              |   |        |                         |
| List of instructors   |              |   |        |                         |
| Equipment   |              |   |        |                         |
| Willing to visit School   |              |   |        |                         |
|   |              |   |        |                         |
|   |              |   |        |                         |
|   |              |   |        |                         |

|                                      |
|--------------------------------------|
| <b>Follow Up Action carried out:</b> |
|--------------------------------------|

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

**HEALTH AND SAFETY RECORD - INSURANCE FOR OUT-OF-SCHOOL VISITS**

|                                   |              |
|-----------------------------------|--------------|
| <b>Assessment carried out by:</b> | <b>Date:</b> |
|-----------------------------------|--------------|

**Name of Insurance Company:**

**Address of Insurance Company:**

**Telephone:**

**Email:**

| Item                            | Satisfactory |   | Defect | Action Taken / Required |
|---------------------------------|--------------|---|--------|-------------------------|
|                                 | Y            | N |        |                         |
| Teachers insured                |              |   |        |                         |
| <b>Pupils insured for:</b>      |              |   |        |                         |
| UK                              |              |   |        |                         |
| Abroad                          |              |   |        |                         |
| Hazardous pursuits              |              |   |        |                         |
| <b>Centre or Company</b>        |              |   |        |                         |
| Comprehensive insurance         |              |   |        |                         |
| Cover terms checked             |              |   |        |                         |
| Independent instructors insured |              |   |        |                         |
| Transport insurance             |              |   |        |                         |
| Other                           |              |   |        |                         |
|                                 |              |   |        |                         |
|                                 |              |   |        |                         |

Follow up Action carried out:

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|

Please note: Insurance needs must be discussed with the Bursary and extra cover arranged as required.

**HEALTH AND SAFETY RECORD  
OUTDOOR ACTIVITY CENTRE SAFETY SYSTEMS**

|                            |
|----------------------------|
| Assessment carried out by: |
| Date:                      |

|                    |
|--------------------|
| Name of Centre:    |
| Address of Centre: |
|                    |
|                    |
| Telephone:         |
| Email:             |

If a centre does not hold LOfC Quality Badge, please ensure an External Provider Form is completed.

|  |         |       |
|--|---------|-------|
| Follow up action carried out:  |         |       |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signed:</td> <td style="width: 40%; border: none;">Date:</td> </tr> </table> | Signed: | Date: |
| Signed:  | Date:   |       |