

Risk Assessment

The information stated below is strictly confidential; it is intended for the recipient to whom it was given and no other. Please sign below to confirm you understand and agree.

Teacher/Supervisor: _____

Date: _____

The below document is to be completed by the school before any field trips and outdoor activities. Where possible, a teacher/supervisor should visit the location of the field trip/activity beforehand (within RAK) to assess the area. If the field trip is outside of the Emirate, then the teacher is required to contact the company and obtain as much information on the area and its surroundings as possible. Before any risk assessment can be carried out, the teacher must present an adequate knowledge of the destination. (Example: number of supervisors on site, medical/first aid equipment accessibility).

Points to remember when planning the risk assessment of any trips:

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Specific assessment for an individual student

Name of Student(s) <i>(if it is a group please provide the name list)</i>	Age:	Address and phone number:	Name(s) and contact number of parent(s):
Briefly describe the learning activities to be carried out by the student(s)		Location of Field Trip: Date of Field Trip: Contact number for destination:	
Other situations where lack of experience and immaturity could present a risk (e.g. behaviour, conduct)		Name of activity organiser: Phone number: List any control measures that will be in place by the school/teachers to deal with these situations List any control measures that will be put in place by those at the destination to deal with these situations	
Are there any issues that may put the student(s) at risk of not fully participate in the learning activity?	What are the control measures in place to make sure they participate?		

	<p>By the school:</p> <p>By those at the destination:</p>
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<p>Will control measures for other people be in place?</p>	<p>List any control measures that will not be in place. (E.g. , Personal Protective Equipment)</p>
<p>By the school:</p> <p>By those at the destination:</p>	

Medical Condition		
Does any of the students have any of the medical conditions listed below or specify any other.		Are they taking any medication for the condition if they have one? Please give details of the medication
Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Condition <input type="checkbox"/> Colour Blindness <input type="checkbox"/> Poor eyesight <input type="checkbox"/>	Haemophiliac <input type="checkbox"/> Anaemia <input type="checkbox"/> Physical Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Diabetes <input type="checkbox"/>	
Other: Please specify		

If the student mentioned above has ANY medical condition, EACH teacher on the trip must be briefed by the nurse on the signs, symptoms and emergency treatment (if any) that can be carried out if needed.

Supervision Arrangements	
Name(s) and positions(s) of individual(s) who will be supervising the student on the trip: (A copy of this form must be provided to the person supervising.)	
Name	Position

Name(s) and position(s) of the individual(s) who will be in overall control of the student:

Name:	Position:

The Principal should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.

Principal's name:	Principal's signature:	Date and Stamp: