

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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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.

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		Haemophiliac		
Allergies		Anaemia		
Epilepsy		Physical disability		
Heart Condition		Hearing Impairment		
Color Blindness		Diabetes		
Poor Eyesight				
Other: Please specify				

### Supervision Arrangements

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

Name:	Position:



**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

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: