

EV1 Calendar Request: Visits and Trips

Please complete the form and forward, in the first instance, to the **Michael Vetere**

Department/Grade Level	
Lead Organizer of event	
Preferred day and date	
Until day and date	
Start/Depart Time (use 24 hr clock)	
End / Return Time (use 24hr clock)	
Location / Venue	
Year Group/s involved	
Total Number	
Estimated Total Staff Supervisors	
Approximate Cost	

Is the event: syllabus related wider learning opportunity

Has the Division Director/Office Manager been informed of this submission?

<p>Indicate a title for the event and outline its relevance (attach a copy of any published information) Please check with other departments in respect of conflicts</p>
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Date of Submission	Organizer Signature
	<i>Faigy K. Toucek</i>

To be completed by WPS Administration

Approved Being Reviewed Not possible

Other Comments

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Date	WPS ADMIN Signature

EV2 Educational Visit Information

Organizer	
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Year/Groups		Number	
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Date	Day		Month		Year	
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Depart Time		From (exact location)	
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Return Time		To (exact location)	
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Complete below if visit more than one day

Return	Day		Month		Year	
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Return Time		To (exact location)	
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Venue/Location	
Address	

Organization	Telephone

Transport/ Travel Company	Telephone

List of Staff / Accompanying Adults (see overleaf)

List of all pupils (EV4)

taking part must be attached to this and forwarded to the Office Manager.

Absences

from the group must be communicated to the Office Manager prior to departure.

Signed	<i>Emily K. Toucek</i>	Date	
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Group Leader must forward this form **fully completed** to the Division Office Manager **one school week** prior to departure. Subsequent changes must also be notified to the Division Office Manager.

Office Manager to copy to:

- Division Director
- Dept/Grade Level

EV2 Contact Information

Contact Information

School numbers are to be used when incident occurs during the school day.

School		

Preparatory		

Transportation	Mobile	Transportation	Mobile

Venue Number

Group Leader Contact	Mobile

Other Staff Names	Mobile Contacts

EV2 Emergency Plan

WPS ADMIN CONTACT	<i>Michael Vetere</i>	<i>(516) 242-8057</i>
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Emergency Contact Details

Name/s	Mobile	Email
<i>Steven Shehan</i>	<i>(954) 249-2308</i>	<i>steven.shehan@windermereprep.com</i>
<i>John McCall</i>	<i>(407) 340-9796</i>	<i>john.mccall@windermereprep.com</i>
<i>Dr. Mitchell Salerno</i>	<i>(831) 291-8976</i>	<i>mitchell.salerno@windermereprep.com</i>

EV3 Risk Assessment: All Educational Visits

Educational Visit:		
	From:	To:
Date:		
Location:		
Trip Leader:		

Headings/Specific Risks	Likelihood (Probability)	Impact (Severity)	Risk score	Risk Level	Control Measures	Guidance Notes
Organization and Pre-planning <i>(Insert specific risks relating to the EV)</i>						Group leaders will have read and will follow the School Educational Visits Safety Policy and Guidelines. Staff accompanying will be suitably experienced and/or qualified and the nature and risks related to the trip planned for and discussed.
Accidents and Emergencies						Leaders will have immediate access to a copy of Emergency Procedures, including all emergency contact numbers, carry at least one functioning mobile phone

Headings/Specific Risks	Likelihood (Probability)	Impact (Severity)	Risk score	Risk Level	Control Measures	Guidance Notes
Medical Issues						The group must have at least one member of staff with an appropriate level of first aid training, carry a first aid kit, advise pupils on personal medication protocols. Staff will carry relevant information regarding students' medical conditions. Precaution will also be taken to respond to travel sickness.
Misbehaviour (general)						Staffing supervision is within School recommended ratios and will be sufficient to maintain good behaviour and will take account of individual student cases who may be a cause for concern. Pupils are briefed regarding expectations and specific requirements as necessary
Lost Group Members						Pupils will be briefed to stay together as a group and to look after each -buddy system – and know what to do if they become separated from group, know where and how to contact a staff member in an emergency, agree meeting points for the start and end of sessions
Special needs, medical, behavioural						Consult School Concern List and responded to ensure adequate arrangements. Staff make individual requirements as appropriate following appropriate consultation with key members of staff. The programme/itinerary will be arranged with due regard to the medical issues, mobility and special needs of all members of the group

Headings/Specific Risks	Likelihood (Probability)	Impact (Severity)	Risk score	Risk Level	Control Measures	Guidance Notes
Periods of indirect supervision						Staff ensure parents are aware of the likelihood and circumstances under which remote supervisions will operate and gain consent. Staff will assess the suitability of the location for the activity and put into practice appropriate safety measures including size of groups in which to operate, rendezvous times and places, how to contact staff in case of emergency to include other practical advice.
Abduction/ Attack by stranger						Pupils will be briefed on how to contact staff. On certain activities and those which take place over one or more nights pupils will have I.D. cards with contact details of accommodation, school and leader mobile number
Weather and adverse effects						Staff will consider possible weather conditions, plan appropriate programme, and ensure that students are aware of clothing and equipment required prior to departure through appropriate checks.
Transport						Only reputable companies will be hired to ensure against defective vehicles, unsafe drivers and operating procedures

Headings/Specific Risks	Likelihood (Probability)	Impact (Severity)	Risk score	Risk Level	Control Measures	Guidance Notes
Misbehaviour on Transport						Students will be provided with direction and guidance regarding behaviour on the means of transport to include over issues of welfare and safe-keeping
Accidents (transport related)						Students will be instructed regarding matters of welfare and safe-keeping and managed according to circumstances in relation to use of entrances and exits, safe stopping off locations, manner of alighting, head counts, potential hazards etc.
Breakdown / Injuries						Staff will ensure students are briefed regarding emergency action to include controlled and managed evacuation of vehicle as necessary. Staff will manage breakdown of vehicle response to effect safe onward travel.
Return after school hours						Return is pre-planned and parents are informed from where to collect pupils (or it is pre-agreed with parents that older pupils will make their own arrangements for getting home). Suitable arrangements are made for any pupils whose parents fail to collect them

Headings/Specific Risks	Likelihood (Probability)	Impact (Severity)	Risk score	Risk Level	Control Measures	Guidance Notes
Emergencies						The School emergency plan is carried on all school journeys and used as a checklist by which to respond such matters.
Support Supervisors/ Parent Volunteers						Such people will be briefed regarding their role and the extent of their responsibilities, other than in unforeseen circumstances, they may only act in a leadership capacity under guidance.
Leaders' own children / children of other staff						If staff or volunteers' families join group, student supervision must not be compromised. Staff children are similar age to group and supervised with pupils or separate supervision must be arranged
Allergies, Animals, insects, poisonous plants etc.						Ensure those with known allergies carry medication, avoid known high risk situation, take necessary avoidance action if encountered

Headings/Specific Risks	Likelihood (Probability)	Impact (Severity)	Risk score	Risk Level	Control Measures	Guidance Notes
Activities in, on, or near water						All accompanying staff made aware of the particular and higher risks associated with water based activities to include the relative abilities of the pupils involved. Activities involving water will be carefully pre-planned and risk assessed and control measures put in place
Name in Capitals:					Signature: <i>Emily K. Toucek</i>	Date:

Value of Risk Tables

Risk Ratings

Probability		Severity
1	Very unlikely	No injury
2	Unlikely	Minor injury
3	Likely	Reportable injury
4	Very Likely	Major injury
5	Certain	Single/multiple death

Risk Severity/Probability Matrix

		Severity				
		5	4	3	2	1
Probability	5	25	20	15	10	5
	4	20	16	12	8	4
	3	15	12	9	6	3
	2	10	8	6	4	2
	1	5	4	3	2	1
High - 15 to 25 Medium - 10 to 14 Low - 1 to 9						

Actions and Timescales

Risk Level	Actions and Timescales
Trivial	No action required
Tolerable	No additional controls are required. Consideration may be given to a more cost effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained. Limited action required.
Moderate	Efforts should be made to reduce the risk, but the cost of prevention should be carefully measured. Monitoring is required to ensure that the controls are sustained. Reasonable action required.
Substantial	Considerable resources may have to be allocated to reduce the risk. Urgent action should be taken.
Intolerable	Immediate Action to be taken. Level or risk unacceptable. If it is not possible to reduce the risk even with unlimited resources, Activity must cease.

EV4 Details of Pupils Participating in Educational Visits

	First Name	Last Name	Date of Birth	Passport No	Nationality	Date of Issue	Place of Issue	Date of Expiry
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

	First Name	Last Name	Emergency Contact 1		Home Tel:	Mobile:	Work:	Relationship	E-mail
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									

	First Name	Last Name	Emergency Contact 2		Home Tel:	Mobile:	Work:	Relationship	E-mail
1									
2									
3									
4									
5									
6									
7									
8									
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11									
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16									
17									
18									
19									
20									
21									

EV5 Medical Information: (Collated from ISAM's and or the School Nurse)

	First Name	Last Name	Epilepsy/Seizures or blackouts	Blood Disorders	Diabetes	Asthma/Breathing Difficulties	Allergies	Current Medication	Swimming Ability	Dietary Requirements	Any other Issues
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

	First Name	Last Name	Epilepsy/Seizures or blackouts	Blood Disorders	Diabetes	Asthma/Breathing Difficulties	Allergies	Current Medication	Swimming Ability	Dietary Requirements	Any other Issues
17											
18											
19											
20											
21											