**Journey Plan**

|  |  |
| --- | --- |
| **Date** |  |
| Destination |  |
| Route |  |
| Pupils Names |  |
| Adult Names |  |
| Time of Return |  |
| Mobile Phone Number |  |

**Check list**

First aid Kit/Medication

Warm Clothes/Waterproofs/Group shelter

Drinks/Snacks

Toilet strategy

Notebooks/pencils/cameras/maps/books

Copies of Hazard Assessment and Journey Plan to office