**FORM EE0 - REQUEST FOR APPROVAL FOR SCHOOL EXCURSION**

|  |  |
| --- | --- |
| INITIAL PROPOSAL |  |
| 1. **Purpose of Proposed Visit & Objectives (including Risk Assessment Form)** |  |
| 1. **Places to be Visited** |  |
| 1. **Dates and times** |  |
| 1. **Excursion Leader** |  |
| 1. **Staff Participating** |  |
| 1. **Numbers Participating** | * Pupils * Males/females ------------------------------------------ * Age Range ------------------------------------------ |
| 1. **Education Service to be contacted (EE1)** | Yes/No  If Yes has contact been made |
| 1. **Estimated cost per student** |  |
| 1. **Name of emergency trained person** |  |
| 1. **Transport required** |  |
| 1. **Signature** | **Date** |
| 1. **Designation** |  |
| ***APPROVAL BY SMT*** |  |
|  | **Signed …………………………….. Date……………………** |

|  |  |
| --- | --- |
| **FUNDING** |  |
| **Total Cost of Excursion**  **(Including entrance & transport)** |  |
| **Funding from other sources** |  |
| **Cost per student** |  |
| **Funding Requested from School** |  |
| ***Approval by SMT*** |  |
| ***Funding Granted from School*** | ***Signed……………………………. Date……………………..*** |

|  |  |
| --- | --- |
| **BUS BOOKING**  **(where appropriate)** | Please pass the form to office staff to allow bus booking to be made. Form will be returned asap |
| **1. Bus Company** |  |
| **2. Date Booked/cost** |  |
| **3. Signed (School Office)** | …………………………………………………..Date................................ |

|  |  |
| --- | --- |
| **REQUEST FOR FINAL APPROVAL** |  |
| **1. EE1 accepted (if appropriate)** |  |
| **2. Parents/carers notified of activity** | Yes/No |
| 1. **Parental/Carer Consent (EE2) received from all attending** 2. **(Copy of forms to be left in main office and with out of hours emergency contact)** | Yes/No |
| 4. List of participants to office for entry onto register | Yes/No |
| **5. Risk Assessment completed for excursion** | Yes/No |
| **6. Insurance Arrangements in place** | Yes/No |
| **7. Contact Number for Excursion Leader** | Yes/No |
| **8. Copy to Business Manager or HT for class cover** | Yes/No |

**The Excursion must not proceed until all permissions required by the School Excursion Policy have been obtained.**

**I am satisfied that every effort has been made to meet the requirements of ‘West Lothian Policy on School Excursions’.**

**Signature of Excursion Leader ……………………………………………….**

**Date ……………………………………………….**

Approved: Yes/No

**Excursion/Activity**

Headteacher (or designated member of SMT with responsibility for school excursions)

**………………………………………………..**

**Date ………………………………………………..**

**EE1– Request for Approval of School Excursion involving Foreign Travel, Overnight Stay or Outdoor Education**

To be submitted to the **Sport and Outdoor Education Manager** at the start of the planning process and least **four weeks** before the proposed excursion (**eight weeks** for a foreign excursion).

**SECTION 1**

|  |  |
| --- | --- |
| **Establishment Name** |  |
| **Head of Establishment Name** |  |
| **Full Address** |  |

**SECTION 2 – TO BE COMPLETED BY ALL APPLICANTS**

|  |  |
| --- | --- |
| **Brief Description of Purpose of Excursion** |  |
| **Type and Address of Accommodation (where appropriate)** |  |
| **Date and Estimated Time of Departure** |  |
| **Date and Estimated Time of Return** |  |
| **Places to be Visited** |  |
| **Total Number of Participants** |  |
| **Number of Male Participants** |  |
| **Number of Female Participants** |  |
| **Age Range** |  |
| **Class(es) (where appropriate)** |  |
| **Excursion Leader** |  |
| **Members of Staff Accompanying the Excursion** |  |
| **Emergency Aid/First Aid qualifications held** |  |
| **Form of Transport (i.e. hired/self drive and type of vehicle)** |  |

**SECTION 3 – TO BE COMPLETED FOR FOREIGN TRAVEL**

|  |  |
| --- | --- |
| **Details of Insurance Arrangements** |  |

**SECTION 4 – TO BE COMPLETED FOR OUTDOOR EDUCATION**

|  |  |
| --- | --- |
| **Details of Activities (i.e. climbing, skiing, hill-walking, canoeing)** |  |
| **Names and qualifications of instructors (except where activity is being provided by Low Port Centre)** |  |
| **Level of Activity Planned** |  |
| **Precise Location of Activity** |  |
| **Previous Experience of Participants** |  |

**SECTION 5 – ANY OTHER RELEVANT INFORMATION**

|  |
| --- |
|  |

**SECTION 6 – APPROVAL OF HEAD OF ESTABLISHMENT**

**I certify that I am Head of Establishment as detailed in Section 1 and that the details that I have given on this application are correct.**

|  |  |
| --- | --- |
| **Signed (**Head of Establishment) |  |
| **Date** |  |

**Additional information (i.e. copies of risk assessments, professional advice) sent - Yes/No (delete as appropriate)**

**SECTION 7 – APPROVAL OF SPORT AND OUTDOOR EDUCATION TEAM LEADER**

|  |  |
| --- | --- |
| **Signed (Sport and Outdoor Education Manager)** |  |
| **Date** |  |
| **Excursion Approved** | **Excursion Not Approved** |
| **Additional Letter** | **Yes/No (delete as appropriate)** |

**FORM EE2 – PARENTAL/CARER AGREEMENT TO SCHOOL EXCURSION**

|  |
| --- |
| SECTION A – To be retained by Parent/Carer  **1. Dates and estimated times of:**  **a. Departure ………………………..……… b) Return …………………….……………**   1. **Destination/Description of Excursion ……………………………………………………………**   **…..…………………………………………………………………………………………….…………**   1. **Cost of Excursion (where applicable) …………………………………..………………………..** 2. **Member of Staff responsible for Excursion ………………………..……………………………** 3. **Tel No - School Hours - 01506 653725 Other - ………………….…………………………….** |

✂**- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

|  |
| --- |
| SECTION B – To be returned to school Excursion to …………………………..…………………………… Date………………………….  **Surname…………………………………….. Forename…………………………… Class…………**  **Address……………………………………………………………………………………………………**  **………………………………………………………………………………………………………..**  **Contact Telephone Number – School Hours ………………………………………………**  **Other Times …………………………………………..….**  **Emergency Contact ……………………………………………...**  **Relevant Medical Details (e.g. asthma) ………………………………………………………………**  **………………………………………………………………………………………………………..……**  **………………………………………………………………………………………………………..……**  **I agree to my son/daughter taking part in the above named excursion**  **Signature of Parent/Carer……………………………………. Date………………..………..** |

|  |
| --- |
| **NOTE** : Section C is to be completed **only** for excursions that involve either an **overnight stay** or **outdoor education**  **SECTION D MUST BE COMPLETED FOR ALL EXCURSIONS** |
| SECTION C Please circle as applicable **1. Does your child suffer from any allergies? YES NO**  **2. Is your child taking any medication at present? YES NO**  **3. Does your child suffer from any condition that may affect participation? YES NO**   1. **Has your child been in contact with any contagious or infectious disease**   **or suffered from anything in the past four weeks that may become Infectious**  **or contagious? YES NO**  **5. When did your last have a tetanus injection? Date…………………………….**  **6. Does your child have any special dietary requirements? YES NO**  **7. Is there any activity in which your child must not participate? YES NO**  **IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE PLEASE GIVE DETAILS HERE:**  **…………………………………………………………………………………………………………………..,**  **……………………………………………………………………………………………………………………**  **……………………………………………………………………………………………………………………** |
| **SECTION D PARENTAL/CARER AGREEMENT TO RECEIVING EMERGENCY MEDICAL TREATMENT**  **Pupil Date of Birth……………………….**  **Name, telephone number and address of Family Doctor ……………………………………………**  **..…………………………………………………………………………………………………………………**  **\*I agree to my child receiving emergency medical treatment, including blood transfusion, and anaesthetic as considered necessary by the medical authorities present.**  **\*I agree to my child receiving medical treatment/anaesthetic as considered necessary by the medical authorities present with the exception of the administration of blood or blood products. I accept full legal responsibility for this decision and release West Lothian Council and its staff from any liability for any consequences resulting from my decision not to consent to the transfusion of blood or blood products.**  ***(\*please delete as appropriate)***  **Date……………………… Signed by Parent/Carer ………………………………………..…………** |

**SAMPLE CODE OF CONDUCT**

**Code of Conduct**

Your health, safety and welfare on this visit are of paramount importance to the school. In line with West Lothian policy, to ensure that the above aims are met, each participant and their parent/carer must sign the following “Code of Conduct”.

* normal school rules apply – a high standard of behaviour is expected
* rules at the camps must be observed at all times
* be punctual at all meeting times
* always wear a seatbelt on the coach
* if mobile phones are to be carried, ………………. must be informed. In certain circumstances use of the phones may be prohibited.
* no pupil should ever be on their own
* purchase, carrying or consumption of alcohol, tobacco or illegal substances is strictly forbidden
* only pupils assigned to particular rooms/tents are allowed in them

If there is any significant violation of the Code, the group leaders reserve the right to send the offending pupil home at the parent/carers’ expense

We have read the Code of Conduct and agree to abide by it at all times.

Signed ……………………………………………………………. (pupil)

Signed ……………………………………………………………. (parent/carer)

Date …………………… Return to ………………………

**SAMPLE EMEREGENCY ACTION CARD**

|  |  |
| --- | --- |
| **Party Leader**  **Ensure this card is available at all times** | **Warnings and advice** |
| **School Contact Person/s:**  **School Contact Telephone Number(s)**  **Authority Emergency Telephone Number:-**  **Out of Hours Emergency Telephone Number:**  **Calls from abroad:** | * **Co-operate fully with emergency services** * **Do not admit liability** * **Do not make comment to the media – refer to West Lothian Council (01506 775000)** * **Keep a written record of all facts** * **Preserve vital evidence - photos might be helpful** * **Inform school emergency contact who will ensure school SMT and Education Services SMT are aware of the situation** * **Seek and follow advice from school/education SMT** * **Do not contact parent/carerss –school contact will take charge of this.** |

**SAMPLE DEBRIEF FORM**

EXCURSION TITLE .........................................................................................................................

EXCURSION DATES .........................................................................................................................

EXCURSION LEADER ..........................................................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action to Take** | **Date Actioned** | **Signed** |
| **Points to follow up with parents** |  |  |  |
| **Points to follow up with pupils** |  |  |  |
| **Points to follow up with staff** |  |  |  |
| **Lessons for future excursions** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action to Take** | **Date Actioned** | **Signed** |
| **Issues to report to School SMT** |  |  |  |
| **Issues to report to Education SMT** |  |  |  |
| **Other issues to report (i.e. health and safety, child protection)** |  |  |  |