

RISK ASSESSMENT FORM

Health and Safety “H&S” Code of Practice

EXCURSION RISK ASSESSMENT

Description of situation/issue/activity to be assessed:

Date and time length of Trip: (leave school) - (return to school)

Nº of students attending: **Age range of children attending:** **Years:**

Department:

Person(s) carrying out risk assessment:

Date of assessment:

Teachers & Staff attending:

Volunteers attending:

Do they have DBS or local Police checks?: YES NO

If NO, the Trip Leader must take responsibility to ensure the parent/helpers are under constant supervision and never allowed to be alone with any students. Accepted

(Step 1) Hazard(s): What are the hazard(s):

- 1)
- 2)
- 3)

(Step 2) Who may be harmed and how: Say how the hazard could cause harm and to whom:

- 1)

2) 3)	
(Step 3) What are you already doing? 1) 2) 3)	
What Further action is necessary:	
(Step 4) How will you put the assessment into action? 1)	
(Step 5) Monitor and Review:	
(Step 6) Do the students have access to shade and water:	
(Step 7) Fire Drill procedures of the visiting venue have been noted and students advised:	
If a repeat trip or excursion - Date of Review:	
Signature of Trip Leader: Date:	
Risk assessment seen and accepted by Head or Bursar: Yes No	
Sign/name if in cloud: Date:	

Mr M Howells
Head of Wingate School

Date of Review: August 2025