

ST CHRISTOPHER'S SCHOOL

Risk Assessment and Request for Lower School Off site Activities



Year	R	
Trip to	The Observatory Science Centre	Date 16 Feb 2015
Trip programme outline	Telescope workshop / hands on exhibits	
Outbound and return times	0900 – 1515	
Method of Transport	Coach	
Staff	LJC LCM LH JC and 2 parent helpers	
Staff/ pupil ratio	1:4	
Clothing requirement	School uniform	
Cost	£5.50 per child + coach + lunch + goody bag	

2. Venue (Risks due to accommodation, free time arrangements, travel & visit areas)

RISK	RISK CONTROLS
<p>Description of Hazard</p> <p><u>Site and environment</u> Tripping on steps Child wandering off Getting lost Pond area</p> <p><u>Group and the individuals within it</u> E.g. SEN, behavioural difficulties, learning disabilities</p> <p><u>Activity</u> Tripping hazards and bumping into other Moving around exhibits Play area</p> <p><u>Transport</u> Coach Car park Slips and trips</p> <p><u>Persons at Risk</u> Children School staff and volunteers Members of the public Staff</p>	<p>Current Control Measures</p> <p>Supervision levels: Reception: 1 adult: 4 pupils, Safety talk on arrival Children organised into groups with lists for adult helper Close supervision in visitor car park. Brief children about play area hazards Top and tail groups with adults Frequent head counts First aid always available Clear boundaries of behaviour standards during activity Brief children on pond area. An agreed meeting point arranged (entrance desk) for any lost children.</p>

Checklist	Yes / No
Venue Risk assessment	attached
Qualified Instructors	yes
First Aid trained staff	Yes – 2 pediatric
First aid kit	yes
Local hospital /Doctor	Eastbourne General District Hospital Kings Drive, Eastbourne, East Sussex BN21 2UD

Kitchen advised	Yes
Parental permission obtained	Nearer the date – letter prepared
Permission letter attached	Yes

Venue Address	Herstmonceux Castle, Hailsham, Herstmonceux, East Sussex BN27 1RN
Contact number	01323 832731

Staff	Name	Mobile number
	4 members of EYFS Staff	4 members of EYFS staff
Helpers		
	<u>X 2 parent helpers</u>	

Signed		Date
Approved		Date

Identify any children requiring extra care and provide specific details

Name	Medical / care notes
	Asthma Pump
	Asthma Pump

CLASS LIST – please add below