

# **Helmingham Community Primary School**

## **Educational Visits and Activities Policy**

Written by: Bernie Cleland

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Approved by: Governors

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## Educational Visits and Activities Policy

Helmingham Community Primary School has adopted the Suffolk 'Guidance for Educational visits' [www.oepnq.info](http://www.oepnq.info) as outlined on EVOLVE [www.suffolkvisits.org.uk](http://www.suffolkvisits.org.uk) . Further procedures have been agreed with the Governing Body to ensure this policy is adhered to.

### Aims and purposes of Educational Visits.

The school has a strong commitment to the added value of learning outside the classroom and beyond the school premises. It will seek a broad and balanced range of Learning Outside the Classroom opportunities for all its pupils.

Each year the school will arrange a number of activities that take place off the school site and out of school hours, which support the aims of the school. The range of activities for which the Governing Body has given its approval includes:

- Out of hours clubs (drama, sport, music etc)
- School sports teams
- Local visits (swimming, church, other local amenities)
- Day visits
- Residential visits
- Adventurous activities.

1. The governing body nominates the Headteacher as Educational Visits Coordinator (EVC) to oversee the process. Each class teacher ensures that educational visits are planned and risk assessed according to this policy.
2. The governing body approves the delegation to the EVC of the duties below.
  - a. Ensuring visits are properly planned and comply with county regulations and guidance.
  - b. Ensuring that risk assessments are undertaken.
  - c. Approving the staff ratios for visits, taking account of the planned arrangement for the visits and the pupils involved.
  - d. Ensuring parents are properly informed and give their consent.
  - e. Ensuring that county requirements are followed with respect to insurance and indemnity.
  - f. Organising emergency planning for educational visits at school level.
  - g. Monitoring visits, receiving incident reports, and keeping school procedures under review.
  - h. Arranging staff training and induction in the organisation of educational visits.
  - i. Liaising with the County Council particularly in visits that require County Council approval. This will be undertaken using the EVOLVE planning approval system. All type 2 visits will be recorded on EVOLVE.
3. The governing body agreed the retention by the Headteacher of the following duties:
  - a. Keeping the governing body informed of the schools programme of educational visits.
  - b. Submitting visit proposals for specific governing body approval where the school policy requires it.
4. The governing body determines the following minimum staff/pupil ratios for all visits.
  - a. Age 4 and under                      1 to 6
  - b. Age 5-7 (KS1)                              1 to 10
  - c. Age 7-11 (KS2)                          1 to 15

Ratios for Type 1 visits (appendix 1) will usually be higher than this and will always be higher when deemed necessary by the risk assessment.

5. The governing body determines that a parental consent form (such as appendix 2) in addition to covering letter will be used for obtaining consent for all visits.
6. The governing body determines that local visits, Type 1 R e.g. high school and local walks will be covered by a single consent form on admission to school. Type 1 S visits will require parental consent on each individual occasion.
7. The governing body determines the following in relation to insuring staff and pupils for visits categorised as Type 1 under county regulations:
  - a. County travel insurance or equivalent will be taken out for all staff and pupils involved in a Type 1 S visit.
8. The governing body determines the nomination of the following person, Bernie Cleland, as an emergency contact in relation to educational visits.
9. All staff are asked to complete an EV1 (appendix 3) before arranging a visit and submit it for approval by the EVC.
10. The governing body will receive information on visits in the Type 1 S category in the termly headteachers report and does not require notification in advance.
11. For all Type 2 visits additional approval will be sought from the governing body in advance, on a visit by visit basis and will include a statement of the visit objectives. The EVC will be responsible for submitting requests to the governing body and these will be recorded on EVOLVE.
12. For residential visits any child with specific medical/behavioural issues will have their needs discussed with the parent and reasonable adjustments made.
13. The governing body reaffirms its Charging and Remissions Policy in relation to Educational Visits.

*This policy is based on Suffolk County Councils Educational Visits Model Policy.*

## Appendix 1

### SCC visit classification

#### Type 1 Visits

- Regular, routine off-site activities (e.g. the use of off-site facilities for PE)
- Specific, one-off or occasional visits. (e.g. museum visits, field study visits).

#### Type 2 Visits

- Visits including an overnight stay, including overnight stays on the school site
- Visits including adventurous activities . ([SCC definitions of Adventures activities](#))
- Overseas Visits
- Visits where any site owners or activity providers require to be indemnified against claims arising from the visit.

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**VISIT(S) TO:** \_\_\_\_\_

**DATE(S) OF VISIT(S):** \_\_\_\_\_

I am willing for my child to take part in the above visit(s). I have received and read all the information provided and give consent for him/her to take part in the activities described.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the school governors.

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Home Address**

**Alternative Contact if required**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HELMINGHAM C P SCHOOL**

**SCHOOL VISITS/ VISITORS PROCEDURE**

- This form EV1 must be completed and given approval by the Headteacher at least 4 WEEKS prior to a trip taking place. Once approval has been given the office will make arrangements on your behalf and return documentation for your reference.
- Once you have received this form back you MUST begin the collection of monies to allow enough time for a trip to be cancelled if necessary.
- This must be followed up by the completion of a risk assessment form ONE WEEK BEFORE any off site activity.

Name of Visit Organiser \_\_\_\_\_

Destination /Visiting Group's Name \_\_\_\_\_

Address of above / Phone no. \_\_\_\_\_

\_\_\_\_\_

Aims / Objectives of visit \_\_\_\_\_

Activities to be undertaken \_\_\_\_\_

\_\_\_\_\_

Date of trip / Event \_\_\_\_\_

(alternative dates are helpful for administrative purposes)

Depart time \_\_\_\_\_

Return time \_\_\_\_\_

Number of pupils \_\_\_\_\_ Number of FSM entitlement \_\_\_\_\_ Number of adults \_\_\_\_\_

First Aider \_\_\_\_\_

Overtime hours for staffing \_\_\_\_\_

(please provide names of staff

Method of transport required \_\_\_\_\_

Additional insurance required YES / NO

**Authorisation of Headteacher** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Administrative purposes**

Confirmed date \_\_\_\_\_ Depart time \_\_\_\_\_ Return time \_\_\_\_\_

Total cost \_\_\_\_\_ Price per pupil \_\_\_\_\_

Transport Company / contact \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

