

St Joseph's Institution International School Malaysia

*Enabling youth to learn and to learn how to live, empowering
them to become people of integrity and people for others.*



Educational Visit - Residential Trip

Checklist

Use the following checklist to track your paper work.

	Authorised/Signed
<input type="checkbox"/> Request for Residential Trip Form	_____
<input type="checkbox"/> Risk Assessment Form	_____
<input type="checkbox"/> Full Approval Form	_____
<input type="checkbox"/> Parent Information Meeting	_____
<input type="checkbox"/> Medical Form	_____
<input type="checkbox"/> Consent Form	_____
<input type="checkbox"/> Student's Trip Form (MoE)* *MoE form only to be completed if the trip is outside of PJ/KL	_____

Educational School Trips Checklist and Procedures

For clarity and ease of getting used to this way of working, here is the system for booking trips and risk assessing students with/without additional needs.

INITIAL PLANNING	<p>Obtain approval...</p> <ul style="list-style-type: none"> • Decide on a trip and target group, fill out a REQUEST FOR RESIDENTIAL TRIP FORM and give to NJB/PMC (EVC coordinator) for approval. • Get the trip agreed by NJB/PMV (EVC coordinator). • Email for further details or if you are unsure. • Carry out and fill in the RISK ASSESSMENT FORM. <hr/> <p>Once granted approval...</p> <ul style="list-style-type: none"> • Check the timetables of the staff members you would like to take with. • Ensure balance of male / female / ratio of staff / students (usually a 10:1 ratio). • Do a practice run to the trip venue if you are taking disabled students - very often the venue need to know in advance if you are bringing students with additional needs and will have their own risk assessment / advice / procedure for you to use. • Complete the FULL APPROVAL FORM and submit to NJB/PMC (EVC coordinator). • Obtain final approval from NJB/PMC (EVC coordinator).
RECRUIT	<p>Once the FULL APPROVAL has been given by NJB/PMC...</p> <ul style="list-style-type: none"> • Send letters to students and/or parents, including information on the trip, along with the MEDICAL FORM and CONSENT FORM. • Conduct a PARENT INFORMATION MEETING if applicable. • You are responsible for collecting and securing the money for the trip.
FINAL PLANNING	<ul style="list-style-type: none"> • Collect all CONSENT FORMS and MEDICAL FORMS. • Agree names of students going on the trip and give to NJB/PMC (EVC coordinator). Update if it changes. • Book an appointment with the nurse. Match names against students with care plans / disabled needs / additional needs / medical needs. These are in the medical room. • Discuss needs of students and write your risk assessment for students with specific needs. • Ensure you have a plan to collect and practice medical procedures where necessary. The nurse will let you know if you need to contact parents for data protection consent, etc. • Find a blank risk assessment with examples on. • Write risk assessment for all students and pass to the NJB/PMC (EVC coordinator).

Request for Residential Trip

Destination:

Dates:

Time out of School:

Cost to each Student:

Curriculum context for trip (*please see Academy Policy*)

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.....
.....
.....

Number of Students:

Number of Staff required:

Payment Sought: (parental payment)

Payment Confirmed: Yes / No (*please circle*)

Risk Assessment: Yes / No (*please attach*)

Risk Assessment Form

No.	Details	Please fill up the full details at the box below
1.	Name / Location of site and address	
2.	Descriptions of activities to be undertaken	
3.	Number of children present	
4.	Year group / class	
5.	Number of adult staff present	
6.	Name of adult staff	1) 2) 3) 4)
7.	Hazards and risk level (Hazard = Anything that can causes harm) (Risk = The chance low, high or medium, that someone can be harmed by the hazard)	
8.	Actions to eliminate / control hazards.	
9.	Review dates	
10.	Signed dates	

Approved By: (Head of Department)

Acknowledge By: (Elementary / Secondary School Principal)

Date:

Full Approval Form

Group:

Group Leader:

Purpose of visit and specific educational objectives:

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.....

Places to be visited:

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.....

Dates and time:

Departure date: Departure time:

Return date: Return time:

Planned Transport:

Name of transport company: Vehicle Registration Numbers:

Organising company / Agency (if any):

License Reference Number (if the body is registered with the Adventure Activities Licensing Authority):

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Propose cost and financial arrangements:

.....

Insurance:

School Insurance Name:

Organisational Insurance: (please attach copy of schedule)

Extra Insurance: (attach copy of schedule)

Company: Policy Number:

Accommodation:

Address:

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.....

Telephone Number:

Programme of Activities: (please attach the itinerary)

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.....

Details of any hazardous activity and the associated planning, organization and staffing:

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.....

Names, relevant qualifications and specific responsibilities of other adults accompanying the party:

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.....

Child Protection Policies in place for all activity providers:

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Details of Nominated School Contact:

(person who holds all the information about the visit in the home area, in case of emergency)

Name: Telephone:

Address:

.....

Existing knowledge of place(s) to be visited and whether recce is intended:

.....
.....

Proposed Group:

Age Range: Year Group:

Number of boys: Number of girls:

Name of staff:

- 1)
- 2)
- 3)

Adult to pupil ratio:

Signed: Date:

To the group leader:

- 1. I have studied this application and am satisfied with all aspects, including the planning, organization and staffing of this visit. Approval is given.
 - a. Please ensure that I have all relevant information including a final list of group members, details on parental consent and a detailed itinerary at least seven days before the party is due to leave.
 - b. Your report and evaluation of the visit, including details of any incidents, should be with me as soon as possible, but no later than 14days after the party returns.

Medical Form

Full Name of Student (as written on passport)	
Student's I.C. Number	
Residential Address	

Please attach a copy of your child's I.C. along with the details page of his/her passport. If your child is in possession of any medical insurance which you would like the school to use in the event it may be required, please also attach a copy of the medical insurance card and ensure the student will have it in his/her possession.

MEDICAL INFORMATION			
Does your child suffer from any of the following? Please circle 'Yes' or 'No' and give details:			
Condition	Select One	Details	
Asthma	YES / NO		
Other respiratory problem	YES / NO		
Allergies (drugs, food, bites, stings)	YES / NO		
Anaphylaxis	YES / NO		
Sugar diabetes	YES / NO		
Recent operation / illness	YES / NO		
Epilepsy	YES / NO		
Fits of any type	YES / NO		
High or Low Blood Pressure	YES / NO		
Heart Problems	YES / NO		
Bed Wetting	YES / NO		
Sleepwalking	YES / NO		
Migraines	YES / NO		
Eczema	YES / NO		
Nose Bleeds	YES / NO		
Hay Fever	YES / NO		
Sight / Hearing Problems	YES / NO		
Travel Sickness	YES / NO		
Dizzy spells or blackouts	YES / NO		
Does your child have any other medical condition(s)/allergy that we should be aware of? If so, please add details here:			
Date of last tetanus injection:			
Medicines: Please give details of any medication being taken by your child. Include dosage and frequency:			
PLEASE NOTE: All medicines, including Panadol or other pain killers must be handed to staff before the trip begins. Staff will keep these medicines and administer them when required. If it is necessary for the student to carry his/her own medication (e.g., for asthma), it must be with the knowledge and permission of both the parent and teacher.			
Dietary Requirements: Please indicate any food that your child is unable to eat due to religious or medical factors:			
Vegetarian:	YES / NO	Nut Allergy:	YES / NO

Consent Form

- I, _____ (name of parent), hereby affirm that I have been advised and thoroughly informed of the inherent hazards of the activities and programmes conducted during the **(insert name of trip)** in the **(insert place name)** organised by St Joseph's Institution International School Malaysia (SJIIM) scheduled for **(insert start date and return date of the trip)**.
- This form is to give permission for my child to participate in the activity/trip. Children are expected to abide by normal school rules and conform to SJIIM teachers/staff instructions to fulfill a safe activity/trip. I authorise accompanying members of SJIIM staff to act in loco parentis for my child should medical attention be necessary.
- I understand that may be an element of risk with many activities. These risks can include heights (rock climbing), large volumes of flowing water, heat and so on. These elements of risk also contribute to the sense of adventure and fun experienced by staff and students alike and SJIIM considers these experiences as important to the social development of students.
- In consideration of being allowed to participate in these activities, I/my child hereby personally assume(s) all risks in connection thereof for any harm, injury or damage that may occur while participating in the said activities, including all risks connected therewith, whether foreseen or unforeseen.
- I have informed SJIIM of any medical information that affect me/my child and may be needed in case of an emergency. I further state that my child's medical condition is suitable to participate in the activity/trip.
- I give consent to the Authorisation for Emergency Medical Treatment as follows:

I understand that in the case of emergency of my child, SJIIM, will try to notify me or the person I have listed below as an emergency contact. In case of a medical emergency concerning my child, at a time when I or my listed emergency contact, for any reason, cannot be reached, I hereby grant with full power to SJIIM, its employees or its designee to act on my or my child's behalf the following treatments:

1. Administer first aid;
2. Authorise a medical professional to examine or treat my child;
3. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment is normally administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
4. Signed releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

I hereby agree to accept the financial responsibilities for any cost thus incurred in the treatment of any illness or accident. I further agree that in the process of seeking or providing such treatment, neither SJIIM nor its employees and its designated agent or service provider shall be liable, de facto or de jure, for any complications that may arise thereof.

The following persons are appointed as my/our child's Emergency Contact (if I/we cannot be reached):

1. Name _____ Relationship to child _____
Phone Numbers: Home) _____ Office) _____ Mobile) _____
2. Name _____ Relationship to child _____
Phone Numbers: Home) _____ Office) _____ Mobile) _____
3. Name _____ Relationship to child _____
Phone Numbers: Home) _____ Office) _____ Mobile) _____

Declaration

1. I hereby declare that the information submitted as indicated above is complete, true and correct to the best of my knowledge.
2. I have fully informed myself and my child of the consents of this form and express assumption of risk by reading it before I signed on behalf of myself and my heirs. The authorisation comes into force upon legally-binding signature.
3. All personal information will be kept confidential in the possession of SJIIM. Should the need arise, this information may be given to the proper medical authorities.
4. I acknowledge that all interpretations of the "School Rules" shall be at the sole and absolute discretion of SJIIM.
5. For content that is covered by intellectual property rights, like photos and videos of you/your child taken during the course of business (IP content), you specifically give us the following permission, subject to your express approval: you grant us a non-exclusive, transferable, sub-licensable, royalty-free, worldwide license to use any IP content that we own. This IP license ends when you expressly disclose your intentions in writing.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Relationship to Student: _____ I.C. Number: _____

Phone Numbers: Home) _____ Office) _____ Mobile) _____

Date: _____

Signature of Student

Printed name of Student

I.C. Number: _____

Phone Numbers: Home) _____ Mobile) _____

Date: _____

Part C

List of attendees (Teachers & Students) must be the same of bus capacity (1 bus 44 only)

Student Listing

No	Full Name	Gender	I/C No.	Class/Form	Address & Tel. No.

Part D

Declaration by Headmaster/Principal

- i) Written consent from Parents/Guardian has been obtained
- ii) Students & Teachers have been briefed on rules and safety regulations and procedures

(Teachers on duty have been assigned and responsible for safety regulations and procedures)

I hereby declare to the best of my knowledge that all information provided is true and correct.

.....
Signature of Principal

Name in Full

Designation/School stamp

PPD Petaling Perdana

Pejabat Pendidikan Daerah Petaling Perdana
Jalan Kepuk 19/2, Seksyen 19,
40300 Shah Alam,
Selangor Darul Ehsan.
No. Telefon: 03-5548 1021 / 1169
No. Faks: 03-5548 0884
GPS : 3.052442, 101.526379

PPD Petaling Utama

Pejabat Pendidikan Daerah Petaling Utama
Blok Podium, Kompleks Kelana Jaya Centre Point,
Jalan SS 7/17, Kelana Jaya,
47301 Petaling Jaya,
Selangor Darul Ehsan.
No. Telefon: 03-7883 4555
No. Faks: 03-7883 4666
GPS : 3.100242, 101.591820

Date: Jan 2017