



## EVC Checklist & Approval

### Visit Details *(all numbers must be accurate on the day)*

To: \_\_\_\_\_

Date: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Classes: \_\_\_\_\_

Adult / Child Ratio \_\_\_\_\_

No of Staff: \_\_\_\_\_ No of volunteers \_\_\_\_\_

No of Children: \_\_\_\_\_

### Purpose

### Details of Travel Arrangements

Contact address of Tour Company/Coach Company etc.

Confirmed:

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of the Final Programme for the Visit                                 | <input type="checkbox"/> Medication / Medical Notes for Individual Children |
| <input type="checkbox"/> Copy of Risk Assessment(s) <i>(travel/ activity/ individual children)</i> | <input type="checkbox"/> Completed Provider Statement Attached              |
| <input type="checkbox"/> Copies of Information Letters Sent Out to Parents                         | <input type="checkbox"/> Security Threat Level Checked (office)             |
| <input type="checkbox"/> Copy of Briefing for Volunteers   | <input type="checkbox"/> Speakers / Outside Providers Checked (office)      |
|  | <input type="checkbox"/> Drivers License and Insurance Checked (office)     |

Signed:

\_\_\_\_\_ Group Leader

\_\_\_\_\_ HOS/EVC

Approved: \_\_\_\_\_ Headteacher

Date: \_\_\_\_\_