FORM 1: Excursion Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A close-up of a logo      Description automatically generated | **EXCURSION FORM**  **Gardens Campus** | | | | | | | |
| Today’s Date | |  | Lead Teacher: Contact number: | | |  | | |
| Grade/s | |  | Number of Students | | |  | | |
| Number of staff attending  Approved ratios based on age:  12+ = 1:15 / 6-12 = 1:10 / 4-6 = 1:6 / SEN = 1:3 | |  | | | | | | |
| Name of venue/location | |  | | | | | | |
| Rationale for trip | |  | | | | | | |
| List of activities in the trip | |  | | | | | | |
| Day/Date/Time of the excursion | |  | | |  | | | |
| Name of the staff member who will collect the first aid kit and list of student medical conditions from the nurse | |  | Date |  | | | Time |  |
| Name/s of the first aid trained staff attending | |  | | | | | | |
| Designated First Aider(s): Contact number: | |  | | | | | | |
| Number of First Aider to student ratio: | |  | | | | | | |
| Nearest Hospital to the place of excursion | |  | | | | | | |
| Names of students with special educational or medical needs and adults to support if required. (These students must be noted on Risk Assessments) | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACCOUNTS** | | | | | | | | |
| Cost per student to be covered by the parents (Excursion Fee + Bus Fee) | |  | Total cost to be covered by the school | | |  | | |
| **TRANSPORTATION** | | | | | | | | |
| Number of buses required: (Standard fee is 10 aed per student, if  within Abu Dhabi) |  | Exact address of destination |  | | | | | |
| Departure time (From RIS) |  | Pick up time from destination |  | Expected return time from RIS | | | - | |
| **CANTEEN (FOOD NATION)** | | | | | | | | |
| Does this excursion take place during………… | | | Break Time: | Yes ☐ No  ☐ | Lunch Time: | | | Yes ☐ No ☐ |
| Lunches to be cancelled with School caterer | | | | Yes ☐ No ☐ | | | | |
| List of packed lunches required from school caterer | | | | •  •  • | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and signature of ADEK approved staff attending** | | | |
| **Name** | **Signature** | **Name** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Approved by:**

**Head of School**: Date:

**Principal**: Date: