

Parayhouse School Outing Form

Class:

Trip Leader:

Other staff:

Destination:

Risk assessment attached? YES / NO

Mode of Transport:

Date and Time of Journey:

Time due back @ school:

DESIGNATED STUDENT GROUPS & STAFF RESPONSIBILITIES

	GROUP 1:	GROUP 2:	GROUP 3:	GROUP 4:
STAFF I/C GROUP				
STUDENTS				
STUDENTS TAKING MEDS & WHEN				
STAFF RESPONSIBLE FOR MEDS				
STAFF RESPONSIBLE FOR FIRST AID KIT				

ALL STUDENTS TO WEAR A PARAYHOUSE WRIST BAND AT ALL TIMES!!!

Signed: _____ TRIP LEADER _____ [DATE]