

# SCHOOL TRIP RISK ASSESSMENT FORM

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SCHOOL NAME

ASSESSED BY

DATE OF ASSESSMENT

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TRIP DESTINATION	
TRIP PURPOSE	
TRIP DETAILS	

TRIP LEADER(S)

DATE OF DEPARTURE

DATE OF RETURN

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PROBABILITY KEY

Highly Unlikely
Unlikely
Possible
Likely
Highly Likely

RISK LEVEL KEY

Low
Medium
High



ADDITIONAL INFORMATION

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ASSESSOR NAME AND TITLE

SIGNATURE

DATE

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APPROVING OFFICIAL NAME AND TITLE

SIGNATURE

DATE

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## **DISCLAIMER**

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