


4.6F NSWIHCS Excursion Authority and Risk Management Plan

Name of educator and/or responsible adult/s attending excursion:		Ratio:	Family name:
Name of children attending excursion:			
Excursion Details			
Excursion information and destination (including name, address and emergency contact number of venue, if applicable):			
Method of transport, including proposed route (please attach route map):		Proposed period of time during which the excursion is to take place:	
Proposed activities to be carried out during the excursion:			
Excursion Type			
Date of non-routine excursion:	OR	Date routine excursion commencing:	Routine excursion continuing on a periodic basis (please circle): Daily / Weekly / Fortnightly / Monthly / Other:
Excursion Checklist			
<input type="checkbox"/> Emergency contacts list	<input type="checkbox"/> Medical information for each child.	<input type="checkbox"/> Mobile phone to communicate with NSWIHCS, emergency services etc.	<input type="checkbox"/> First aid kit and/or emergency medications.
<input type="checkbox"/> Driver's licence, Educator ID card and/or other appropriate identification.	<input type="checkbox"/> Other items, please list:		
Date NSWIHCS notified:		Endorsed and signed by NSWIHCS staff member:	
Risk assessment planned in consultation with:		Date:	
Annual Review of Routine Excursions Proposed date of review:		Note: A new excursion consent and risk management form is to be redeveloped every 12 months from the initial development date. However, if an incident or significant change occurs, review the risk assessment earlier than the annual review. Monitor the effectiveness of controls and change if necessary.	

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Risk Management Plan					
Activity	Hazard identified	Risk (refer to risk matrix)	Elimination/control measures	Who is responsible	When
	Water Hazard YES/NO				

Excursion Agreement and Authorisation:

<p>Educator: To ensure the safety to the children and educator/s, I _____, the educator, have conducted the excursion risk assessment and have submitted this form to NSWIHCS for approval prior to the excursion taking place. I, agree to ensure that any motor vehicle that is used for transport during the excursions (other than a motor vehicle which seats 9 or more people) is fitted with child restraints approved by an authorised NSW Roads and Maritime Services fitter. I also acknowledge that I have the aforementioned items in the excursion checklist are taken on each excursion.</p> <p>Educator Signature: _____ Date: ____ / ____ / ____ .</p>	<p>Parent/Guardian: I _____, the parent/guardian, acknowledge that I have read the above information contained in this excursion plan. I authorise the aforementioned educator, to transport, request and authorise treatment for my child/ren in the event of an accidental injury or illness. I understand that by signing this form, I consent to all that is stated, including any attached material. I agree that I will not hold this person liable while he/she is acting according to these directions.</p> <p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____ .</p>
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Risk Matrix

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			Potential Consequences				
			L6	L5	L4	L3	L2
			Minor injuries or discomfort. No medical treatment or measureable physical effects.	Injuries or illness requiring medical treatment. Temporary impairment.	Injuries or illness requiring hospital admission.	Injury or illness resulting in permanent impairment.	Fatality
			Not Significant	Minor	Moderate	Major	Severe
Likelihood	Expected to occur regularly under normal circumstances	Almost Certain	Medium	High	Very High	Very High	Very High
	Expected to occur at some time	Likely	Medium	High	High	Very High	Very High
	May occur at some time	Possible	Low	Medium	High	High	Very High
	Not likely to occur in normal circumstances	Unlikely	Low	Low	Medium	Medium	High
	Could happen, but probably never will	Rare	Low	Low	Low	Low	Medium