

Excursion Risk Assessment and Management Plan

Educator Name: Educator Address: The Approved Provider and Nominated Supervisor must ensure a risk assessment is carried out before children are taken outside the service premises on an excursion made available to parents/ authorised nominees prior to or at the time written authorisation is sought.

Regulation 101 of the Education and Care Services National Regulations includes the minimum risk assessment considerations for excursions, including specific considerations when an excursion involves transporting children.

Excursion Details

Date of excursion? If it is a regular outing include a description of when children are to be taken on regular outings.	Excursion destination	
Proposed activities. List all activities that will take place during the excursion.		
Pick up location and destination(s). List each location travelled to and from as part of the excursion.		
Estimated departure and arrival times and duration of the excursion? E.g. from the service to each destination and returning to the service.		
Proposed route? (Please attach map with this form).		
Means of transport? E.g. public bus, private bus, coach, private car, taxi, tram.		
Number of adults involved in the excursion.		
The number of children involved in the excursion.		
Any water hazards during the excursion, including any risks associated wit water based activities? Please attach a map of venue if water in present and where you will be situated.		
Educator to child ratio, including whether this excursion warrants a higher ratio.		

Excursion Checklist

□ First Aid Kits

- □ List of educators participating & contact information
- □ Harmony with attending children
- □ Mobile Phones
- □ Emergency contact information for each child
- Epipens, Antihistamines and Action Plans (where relevant)
- □ Medical information for each child
- □ Ventolin, Spacer & Action Plans (where relevant)
- □ Sunscreen, hand gel and wet wipes, tissues, plastic bags
- □ Any other required medication (where relevant)

Co-ordinator/ Nominated Supervisor approving the excursion:	Signature:	Date:
Educator signature: Date:		
Educational Assistant signature (if applicable):	Date:	