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⚠ **FIELD TRIP SAFETY CHECKLIST** ⚠

Comprehensive Safety Planning & Emergency Preparedness

**This checklist must be completed and reviewed by all trip supervisors BEFORE**

**departure**

**Destination:**

**Date:**

**Lead Teacher:**

**Total Students:**

**Total Adults:**

**Ratio:**

**PRE-TRIP SAFETY PLANNING**

**REQUIRED**

Risk assessment completed for destination

Pre-visit site inspection conducted (if applicable)

Travel route planned with alternative routes identified

Weather conditions checked and contingency plans made

Safety briefing prepared for students and chaperones

Insurance coverage verified

All permission slips collected and verified

**MEDICAL & HEALTH SAFETY**

**CRITICAL**

All student medical forms reviewed

Allergy list compiled and shared with all

adults

*Includes: food allergies, insect stings,*

*medications*

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All necessary medications collected and

labeled

*EpiPens:*  *Inhalers:*  *Other:*

First aid kit(s) prepared and checked

Staff with first aid/CPR training identified

Special needs accommodations arranged

Nearest hospital/urgent care located and mapped

**TRANSPORTATION SAFETY**

Driver qualifications and license verified

Vehicle safety inspection current

Seatbelt check for all passengers

Bus seating chart prepared

Bus safety rules reviewed with students

Emergency exits identified and explained

Vehicle breakdown procedure established

**SUPERVISION & ACCOUNTABILITY**

Adult-to-student ratio meets or exceeds requirements

Students assigned to specific adult supervisors

Attendance/headcount system

established

*Count frequency: Every*  *minutes/at each*

*location change*

Buddy system implemented

Student identification method prepared (tags, shirts, etc.)

All chaperones briefed on responsibilities

Communication system between adults established

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**RECOMMENDED SUPERVISION RATIOS**

**EMERGENCY PROCEDURES**

**CRITICAL**

Written emergency action plan prepared

Evacuation procedures identified for venue

Emergency meeting points established

Lost student protocol established and communicated

Injury/illness response protocol reviewed

Incident report forms available

All emergency contact numbers verified and distributed

**EMERGENCY CONTACT INFORMATION**

**School Office**

Main:

After Hours:

Principal Cell:

**Emergency Services**

911 (Police/Fire/EMS)

Poison Control: 1-800-222-1222 Local Police:

**Grade Level**

**Minimum Ratio**

**High Risk Activities**

K-2

1:6

1:4

3-5

1:10

1:6

6-8

1:15

1:8

9-12

1:20

1:10

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**Transportation**

Bus Company:

Dispatch:

Driver Cell:

**DAY OF TRIP - FINAL SAFETY CHECKS**

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Final student count matches registration

Emergency folder complete (permissions, medical info, contacts)

Cell phones charged and numbers confirmed

Weather conditions checked - trip is safe to proceed

Students briefed on safety rules and expectations

Departure headcount completed and recorded:

**SPECIFIC RISK CONSIDERATIONS**

**Check all that apply to this trip:**

Water activities/proximity to water

Outdoor activities (weather, terrain, wildlife)

Large crowds/public venues

Animal interactions

Special equipment/tools usage

Food preparation/handling

Additional risk factors and mitigation strategies...

**Medical Facilities**

Nearest Hospital: Address: Phone:

**SAFETY CHECKLIST VERIFICATION**

I confirm that all safety measures have been reviewed and implemented for this field trip.

Lead Teacher Signature: Date:

Administrator Signature: Date:

Remember: **Student safety is our TOP priority. If any safety concern cannot be adequately addressed, the trip should be postponed or cancelled.**