

## Trip/ Off-site Activity Planning Checklist

NUMBER OF ATTENDEES

CLASS/ORGANIZATION

(3rd Grade, Pathfinders, Sabbath School Class, etc.)

OUTING/DESTINATION

(Example: Museum, Sea World, Zoo, Yosemite National Park, London, etc.)

PLANNED ACTIVITIES

(List all planned activities: Museum Study, Concert, Camping, Day Hike, Rock Climbing, Bicycling, etc.)

Transportation One or more				Notes/Details				
Public Transportation								
Bus Train Airline								
OTHER								
Rental Vehic	cle(s)							
Car	Van Bus							
OTHER								
Private (Nor	n-owned) Vehicle (Driver's In	surance Primary)						
Licensed	Driver Driving Record Checked							
Insurance	Insurance Verified							
NOTE:	NOTE: Texting/Cellphone use Prohibited while driving					Notes/Details		
Riding in the Back of Open Vehicles is Prohibited (Pickup Trucks, Trailers, Flat Beds, etc.)			ed					
All Vehicles must have proper Insurance coverag travel as may be required by law				of coun	try			
NOTE: A	A "NO" response may indic onal safety/risk manageme	ate a need for ent measures.	Yes	No	N/A	Notes/Details		
Qualified Drivers (Good driving record, Age 21+, valid and cur-rent license per type of vehicle, etc)		)						
Two Adults in all vehicles for driving and supervision								
Required Seat Belt Use and Load Capacity limits								
Follow-up Vehicles w/Flashing Warning Lights are used on highway events (Bike, Walkathons, Hayrides etc.)								
Vehicles are Well Maintained in Safe Condition								
All Vehicles have completed a pre-trip/daily Safety Inspection Checklist: See Attached Checklist								



## **Trip/ Off-site Activity Planning Checklist**

Administrative	Yes	No	N/A	Notes/
Parental/Guardian Permission Slips (Under Age 18)				
Medical Release Forms (All children under Age 18)				
Assumption of Risk Forms (All adults over Age 18)				
Activity/Site Approval by Proper Authorities (State, County, City, Fire Marshal, Park Service, etc.)				
Trip Information Summary with contact information giv-en to all Parents/Guardians				
Certificates of Insurance Obtained as Needed				
Accident Medical Insurance:				
Miscellaneous Accident				
Volunteer Labor Construction				
Short Term Travel Insurance				
Global Governmental Traveler's Advisory Checked (http://www.nationsonline.org/oneworld/travel_warning.htm)				

NOTE: A "NO" response may indicate a need for additional safety/risk management measures.		Yes	No	N/A	Notes/Details
Adequate Number of Adult Supervisio (Minimum of two required – Additional supervision b					
Supervision Qualified for type of Activity					
First Aid Trained adults with group					
Current CPR	Lifegurd Certification				

**EMERGENCY PLANNING**(NOTE: In many regions, weather conditions can change dramati-cally in a short period of time – clear and warm to blizzard, cool to extreme heat. Check weather advisories and always plan for any potential weather extremes for the area visited)

Emergency Plan provided for the Activity		
Cellular Telephones		
Portable Two-way Radios		
Citizen Band and/or Marine Radio		



## **Trip/ Off-site Activity Planning Checklist**

EMERGENCY PLANNING	Yes	No	N/A	Notes/Details			
AM/FM or Weather Band Radio							
Emergency Contact List for all Participants							
Emergency Shelter Equipment & Supplies							
Emergency Water & Food Supplies							
Wool or Space Blankets							
Extra Warm Clothing							
First Aid Kit & Safety Equipment							
ACTIVITY SAFETY	Yes	No	N/A	Notes/Details			
Safety Equipment Available for All Participants (Life Jackets, Safety gear, Helmets, Knee and Elbow Pads, etc.)							
Safety Equipment Required for All Participants							
Safety Equipment Checked Prior to Trip							
Safety Equipment Inspected Before Each Use							
All Work Projects Adhere to OSHA and Interna-tional Safety Standards or Laws							
All Child Labor Laws Observed							
Additional Comments							
Requested by:				Date:			
Tittle:							