



WORKSHEET

Trip/Off-site Activity Planning Checklist

TRIP START DATE: _____ TRIP END DATE: _____

CLASS/ORGANIZATION

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

NUMBER OF ATTENDEES

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 Vehicle(s)

Car

Van

Bus

OTHER

Private (Non-owned) Vehicle (Driver's Insurance Primary)

Licensed Driver

Driving Record Checked

Insurance Verified

NOTE:	Texting/Cellphone use Prohibited while driving	Notes/Details
	Riding in the Back of Open Vehicles is Prohibited (Pickup Trucks, Trailers, Flat Beds, etc.)	
	All Vehicles must have proper Insurance coverage for out of country travel as may be required by law	

NOTE: A "NO" response may indicate a need for additional safety/risk management measures.	Yes	No	N/A	Notes/Details
---	-----	----	-----	---------------

Qualified Drivers
(Good driving record, Age 21+, valid and current 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/Details
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 given 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 Supervision (Minimum of two required – Additional supervision based on risk)				
Supervision Qualified for type of Activity				
First Aid Trained adults with group				
<input type="checkbox"/> Current CPR <input type="checkbox"/> Lifeguard Certification				

EMERGENCY PLANNING

(NOTE: In many regions, weather conditions can change dramatically 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 <small>(Life Jackets, Safety Gear, Helmets, Knee and Elbow Pads, etc.)</small>				
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 International Safety Standards or Laws				
All Child Labor Laws Observed				

Additional Comments

Requested by:

Date:

Title: