

Safety action plan

Activity: Date: Supervisor:

Number of children: Number of staff: Location:

What could go wrong?	What would cause it to go wrong?	How could we prevent it from going wrong?	Whose responsibility is it?	When/where will it be done?	Emergency plan

Group members requiring special consideration:	Pre-activity checklist: (tick when completed)	On the day: (tick when completed)
Health:	Off-site venue visited: Permission slip returned: Medical information checked: SAP form completed: SAP form to all staff:	Medication: First aid kit: Cell phone: Intentions notice at programme: Equipment checked: Attendance/enrolment information:
Behaviour:		
Other:		

Comments: (including if still going ahead with activity, and if not, why not):

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