



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		
<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Airline
<input type="checkbox"/> Other		
Rental Vehicle(s)		
<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Airline
<input type="checkbox"/> Other		
Private (Non-owned) Vehicle Driver's Insurance Primary		
<input type="checkbox"/> Licensed Driver	<input type="checkbox"/> Driving Record Checked	
<input type="checkbox"/> Insurance Verified		

NOTE:	Notes/Details
<input type="checkbox"/> Texting/cellphone use prohibited while driving	
<input type="checkbox"/> Riding in the back of open vehicles is prohibited (Pickup Trucks, Trailers, Flat Beds, etc.)	
<input type="checkbox"/> 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...)	YES	NO	N/A	
Two adults in all vehicles for driving and supervision	YES	NO	N/A	
Required seat belt use and load capacity limits	YES	NO	N/A	



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NOTE: A "NO" response may indicate a need for additional safety/risk management measures.	YES	NO	N/A	Notes/Details
Follow-up vehicles w/flashing warning lights are used on highway events (Bike, Walkathons, Hayrides etc.)	YES	NO	N/A	
Vehicles are well maintained in safe condition	YES	NO	N/A	
All Vehicles have completed a pre-trip/daily Safety Inspection Checklist. (See Attached Checklist)	YES	NO	N/A	

Administrative	YES	NO	N/A	Notes/Details
Parental/Guardian Permission Slips (Under Age 18)	YES	NO	N/A	
Medical Release Forms (All children under Age 18)	YES	NO	N/A	
Assumption of Risk Forms (All adults over Age 18)	YES	NO	N/A	
Activity/Site Approval by Proper Authorities (State, County, City, Fire Marshal, Park Service, etc.)	YES	NO	N/A	
Trip Information Summary with contact information given to all Parents/Guardians	YES	NO	N/A	
Certificates of Insurance Obtained as Needed	YES	NO	N/A	
Accident Medical Insurance:	YES	NO	N/A	
Miscellaneous	YES	NO	N/A	
Volunteer Labor Construction	YES	NO	N/A	
Short Term Travel Insurance	YES	NO	N/A	
Create a Custom Location Report for your destination with International SOS (member number required: #11BCAM749125)	YES	NO	N/A	



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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)	YES	NO	N/A	
Supervision Qualified for type of Activity	YES	NO	N/A	
First Aid Trained adults with group	YES	NO	N/A	
<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.)	YES	NO	N/A	Notes/Details
Emergency Plan Provided for the Activity	YES	NO	N/A	
Cellular Telephones	YES	NO	N/A	
Portable Two-way Radios	YES	NO	N/A	
Citizen Band and/or Marine Radio	YES	NO	N/A	
AM/FM or Weather Band Radio	YES	NO	N/A	
Emergency Contact List for all Participants	YES	NO	N/A	
Emergency Shelter Equipment & Supplies	YES	NO	N/A	
Emergency Water & Food Supplies	YES	NO	N/A	
Wool or Space Blankets	YES	NO	N/A	
Extra Warm Clothing	YES	NO	N/A	
First Aid Kit & Safety Equipment	YES	NO	N/A	



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Activity Safety	YES	NO	N/A	Notes/Details
Safety Equipment Available for All Participants (Life Jackets, Safety Gear, Helmets, Knee and Elbow Pads, etc.)	YES	NO	N/A	
Safety Equipment Required for All Participants	YES	NO	N/A	
Safety Equipment Checked Prior to Trip	YES	NO	N/A	
Safety Equipment Inspected Before Each Use	YES	NO	N/A	
All Work Projects Adhere to OSHA and International Safety Standards or Laws	YES	NO	N/A	
All Child Labor Laws Observed	YES	NO	N/A	

Additional Comments

Requested by:	Date:
Title:	