

## POLICY AND PROCEDURES TO BE FOLLOWED FOR SCHOOL OVERNIGHT TOURS AND TRIPS

Sligo Grammar School follow guidelines outlined in the Department of Education Circular M20/04. (Appendix A)

The Sligo Grammar School procedure for Tours and Trips include the following:

- **Trip Proposal Form:** This must be completed by the Trip Organizer and submitted to the Headmaster for Approval prior to bookings. The approved form must be retained by the school.
- General Rules and Code of Behaviour for Overnight Tours and Trips: A copy of which must be given to all students and parents/guardians before travelling on overnight tours and trips.
- **Consent Form:** signed by Student and Parent/Guardian and returned to trip organizer.
- **Medical Form**: Completed and returned to trip organizer, a copy of which must be taken on the trip.
- In relation to **booking and payments** for all School Tours and Trips, Sligo Grammar School adheres to the JMB Fincancial Guidelines 05 (Appendix B)



### **Educational Tour/Trip Proposal Form**

### DETAILS OF SCHOOL TOUR/TRIP

| Name of School                                                  |         | Address            | Roll No.                  |  |
|-----------------------------------------------------------------|---------|--------------------|---------------------------|--|
| Sligo Grammar School                                            | Т       | he Mall, Sligo     | 65190W                    |  |
|                                                                 |         | Tour Dates         |                           |  |
| From                                                            |         | То                 | Number of School Days     |  |
| //                                                              |         | //                 |                           |  |
| Bi                                                              | RIEF OU | TLINE OF TOUR      | /TRIP                     |  |
| Teacher Organizing the Tour/Trip                                |         |                    |                           |  |
| Number of Students Participating                                |         | Total number of st | tudents in relevant grade |  |
|                                                                 |         |                    |                           |  |
| IF SOME STUDENTS ARE NOT PARTICIPATING, OUTLINE THE REASONS WHY |         |                    |                           |  |



| EXPECTED BENEFIT TO ACCRUE FROM THE TOUR/TRIP                                                                                                       |                                |       |                        |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------|------------------------|-----|
|                                                                                                                                                     |                                |       |                        |     |
|                                                                                                                                                     |                                |       |                        |     |
|                                                                                                                                                     |                                |       |                        |     |
| WHY IS THE TOUR DEEMED TO BE NECESSARY?                                                                                                             |                                |       |                        |     |
|                                                                                                                                                     |                                |       |                        |     |
|                                                                                                                                                     |                                |       |                        |     |
|                                                                                                                                                     |                                |       |                        |     |
|                                                                                                                                                     |                                |       |                        |     |
| ADULTS A                                                                                                                                            | CCOMPANYING THE                | E STU | JDENTS                 |     |
| Class Teacher                                                                                                                                       | Number of other teachers       |       | Number of other adults |     |
|                                                                                                                                                     |                                |       |                        |     |
| CONFIRMATIONS                                                                                                                                       |                                |       |                        |     |
| That appropriate arrangements are made in accordance with<br><u>Circular PPT 01/03</u> for those classes whose teachers are absent<br>with the tour |                                | Yes:  |                        | No: |
| That adequate insurance is in pla<br>tour                                                                                                           | ce to cover all risks while on | Yes:  |                        | No: |
| That parental permission has bee<br>who is to participate on the tour.                                                                              | n secured for each student     | Yes:  |                        | No: |

Please complete the Activity Trip Student List available for download from your VSware dashboard.

| Signature of Principal: |  |
|-------------------------|--|
|-------------------------|--|

Date:



## SCHOOL TRIP GENERAL RULES AND CONSENT FORM

There are a few rules that are important to observe to make this trip enjoyable for you, other pupils and the tour leaders. You are representing yourself, your family, school and country. Do so with pride that the people in the place, which you have visited, would like to have you back. The success of this trip depends on the co-operative nature of the participants and the generosity of spirit displayed to others. But it is important not to forget that this is a school trip and that, from the moment the trip leaves the school until it returns to the school, and the following school rules operate.

- Be courteous and attentive to all teachers and leaders at all times.
- Be courteous to the staff, workers and any other guests at the accommodation or places you visit.
- Be punctual and reliable and abide by decisions of Group Leaders. (This includes being at the correct place on time)
- Do not consume alcohol or smoke on the trip.
- Do not consume, acquire, import or export any narcotics during the trip.
- Groups must stay together. Pupils may not absent themselves from any group activity unless prior permission has been sought or granted.
- The tour leaders, in extreme cases, reserve the right to have a pupil's belongings subjected to supervised spot searches.
- General school rules apply.

Leaders have the right to impose any sanctions that are appropriate in line with school policy for a breach of the rules.

In a serious case this may include the pupil being sent home at the parents' expense and the matter being dealt with further by the School Authorities.

In all cases, the school reserves the right to impose further sanctions upon the group's return.

The pupil cannot travel on this trip unless the consent form document is fully signed.



### SAMPLE CONSENT FORM FOR SLIGO GRAMMAR SCHOOL

We have read and accept the above rules and we grant permission for .....

to take part in the forthcoming tour to ..... and to participate in all organised activities.

We also grant permission for the tour Leaders to act in "loco parentis" for the duration of the tour. This also includes my child, in an emergency, being given full medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present. It is understood that all reasonable attempts will be made to contact the parents/guardians in advance.

Signature of pupil:

| Signature of Parents/Guardians | (F) |  |
|--------------------------------|-----|--|
|--------------------------------|-----|--|

Date .....

Parents/Guardian telephone numbers with prefix:

| Home: |  |
|-------|--|
|       |  |

Mobile:

Work:



| Student Medical Record<br>School                                                                                                                                               |                  |                   | Sligo Grammar |                                    |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|---------------|------------------------------------|--------------------------------|
| admin@sligogramm                                                                                                                                                               |                  | +353 (0)71 9145   | 010           | www.sligogrammai                   | The Mall, Sligo<br>rschool.org |
| Ove                                                                                                                                                                            | RSEAS SCH        | DOL TOUR C        | ONFI          | DENTIAL MEDIC                      | CAL FORM                       |
| Section A Pu                                                                                                                                                                   | pil Details      |                   |               |                                    |                                |
| Full Name                                                                                                                                                                      |                  |                   |               |                                    |                                |
| Date of Birth                                                                                                                                                                  | DD/MN            | I/YYYY            | Pupils        | Mobile Number                      |                                |
| Section B Ho                                                                                                                                                                   | ome Contact Det  | ails              |               |                                    |                                |
| Parent/Guardian C                                                                                                                                                              | Contact          | Mobile            |               | Home                               | Work                           |
| (1)                                                                                                                                                                            |                  |                   |               |                                    |                                |
| (2)                                                                                                                                                                            |                  |                   |               |                                    |                                |
| Emergency Cont (3)                                                                                                                                                             | act              |                   |               |                                    |                                |
| Section C Medical History                                                                                                                                                      |                  |                   |               |                                    |                                |
| Name of Doctor     Telephone Number                                                                                                                                            |                  |                   |               |                                    |                                |
| Does the pupil have any medical condition such as asthma, chest complaints, migraine, diabetes, nervous disorders, any other illness / disability – Please give details below. |                  |                   |               |                                    |                                |
|                                                                                                                                                                                |                  | inty Thease give  | details       |                                    |                                |
| The leader must b cough mixture etc                                                                                                                                            |                  |                   |               | aughter brings on this ails below. | tour (eg. Pain killers,        |
|                                                                                                                                                                                |                  |                   |               |                                    |                                |
| Does the pupil suf<br>below.                                                                                                                                                   | fer from sleepwa | lking, nightmares | s or any      | v other relevant condit            | ion? Please give details       |
|                                                                                                                                                                                |                  |                   |               |                                    |                                |



| Does the pupil suffer from allergies (Medications, for medication they carry.                                                                                  | ood, other). Please give deta | ils below including any   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|
|                                                                                                                                                                |                               |                           |
| Does the pupil have any dietary requirements? Pleas                                                                                                            | e give details below.         |                           |
|                                                                                                                                                                |                               |                           |
| Health Insurance No                                                                                                                                            | Medical Card Number           |                           |
| European Health Insurance Card (E111) Number                                                                                                                   |                               |                           |
| Section D Medical Record                                                                                                                                       |                               |                           |
| Infectious Diseases (Please Tick)                                                                                                                              |                               |                           |
| Measles                                                                                                                                                        | Chicken Pox                   |                           |
| German Measles                                                                                                                                                 | Whooping Cough                |                           |
| Mumps                                                                                                                                                          | Other                         |                           |
| If other please specify:                                                                                                                                       |                               |                           |
| Immunisations (Please Tick)                                                                                                                                    |                               |                           |
| BCG                                                                                                                                                            | Poliomyelitis                 |                           |
| MMR                                                                                                                                                            | Meningitis C                  |                           |
| Diphtheria                                                                                                                                                     | Whooping Cough                |                           |
| Any other please specify:                                                                                                                                      |                               |                           |
|                                                                                                                                                                |                               |                           |
| Tetanus: Date of last Injection                                                                                                                                | (valid for 10                 | ) years from date)        |
| If you are in any doubt about your child's physica<br>and enclose a doctor's permission note with this f<br>health and well-being of your child, but the teach | orm. Every reasonable ca      | are will be taken for the |

illness that may occur.



#### Section E Parent / Guardian Consent

I give permission in the event of need, to administer Paracetamol, Nurofen or Cough medication to my child.

In case of emergency, I authorise the teacher, in consultation with a doctor or dentist, to allow administration of treatment and if necessary a general anaesthetic and give permission for a surgeon to do any operative procedure which he/she considers necessary.

| Signature 1             | Date:      |
|-------------------------|------------|
| Please Print Name Below |            |
| Signature 2             | -<br>Date: |
| Please Print Name Below | _          |



### **APPENDIX A:**



Circular Letter M 20 /04

### To the Management Authorities of all Post Primary Schools

Educational Tours by School Groups (both inside and outside the State)

The objective of an educational tour should be that it should provide a significant benefit in the educational, intellectual, cultural and social development of the maximum number of pupils in the particular grade(s) taking part in the tour and which benefit cannot be provided by inschool activities alone. Where a Board of Management is satisfied that a school tour meets the above criteria, such a tour may be undertaken **without seeking prior approval from the Department**. However, the template attached as appendix 1 should be completed by the Principal in the planning of a school tour and should be retained in the school for examination by a Departmental Inspector in the course of normal school inspection.

Authorisation to grant approval for educational tours by school groups both inside and outside the State is hereby devolved to the school board of management subject to the following criteria ...

- School tours should be an extension and reinforcement of classroom activities and should be designed to include the maximum number of pupils in a class. The tour should, accordingly, enhance the learning process of as many pupils as possible by providing educational experiences which the classroom alone cannot provide.
- Tours should be planned, in consultation with parents, well in advance of tour dates and preferably before the start of the school year. The full cost of the tour should be communicated to parents at the planning stage. This will have the added advantage of facilitating financial preparation with a view to allowing maximum pupil participation. Every effort should be made to ensure that the cost involved does not prevent any pupil or group of pupils from participating in the tour.
- By international standards, the school year in Ireland has long holiday periods. Educational tours of more than one days duration should be arranged to coincide with normal school holiday periods.



- Schools should ensure that adequate insurance cover is in place and that written parental approval is obtained for each pupil to take part in the tour. Such written approval must not seek to devolve any liability to the parent for any aspect of the tour. (Boards of Management of Comprehensive and Community schools should refer to appendix 2 of this circular regarding State Indemnity cover for out-of-school educational activities)
- The Board of Management must ensure that pupils who are not participating in the tour (including pupils from other classes who will be affected by their subject teachers absence) are adequately catered for while their teachers are away on the tour. Appropriate arrangements should be made for the conduct of those teachers' classes in their absence in accordance with Circular PPT 01/03. Schools should on all occasions take into account the effect that the absence of accompanying teachers will have on the normal work in the school and numbers absent should be kept to the minimum level required.

Where school tours impinge upon the standard school year, the following guidelines are put forward as to the type of educational visit envisaged by the Department as acceptable for the purposes of regarding absence on such visits as school days:

- (a) Educational visit involving an exchange of groups of students with another school.
- (b) Educational visit involving attendance at a course of instruction.
- (c) Educational visit involving active participation in a music or drama festival.
- (d) Educational visit to a conference or exhibition of clear educational value (e.g. Young Scientist Exhibition, Higher Options Conference or Exhibition on Careers and Guidance Counselling)
- (e) An educational visit should be appropriate to the age group/grade concerned (e.g. The Higher Options Conference would be more appropriate for senior cycle students than for junior cycle students)
- (f) Educational visits (inside or outside the State) involving significant linguistic or cultural benefit to the maximum number of pupils.

This list is given by way of example and is not intended to be exhaustive.

This circular supersedes and replaces Circulars M87/78, M62/83, 12/79 and Circular Letter to the Boards of Comprehensive and Community schools entitled "Out of School Educational Activities within the State" and dated 19 February 1987.

Mathew Ryan Principal Officer Post Primary Administration.



### Appendix A:1 Tour Template

**Details of School Tour** 

| Name of School     | Address                      | Roll No.                             |  |  |
|--------------------|------------------------------|--------------------------------------|--|--|
|                    | Address                      |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    | Tour Dates                   | I                                    |  |  |
| From               | То                           | Number of School Days                |  |  |
| /                  | /                            |                                      |  |  |
| _                  | Brief Outline of Tour        |                                      |  |  |
|                    | Briel Outline of Tour        |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
| Number of Students |                              | Total number of students in relevant |  |  |
| Participating      | grade                        |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
| lf somo students a | ro not participating outlin  | o the reasons why                    |  |  |
| Il some students a | re not participating, outlin | ie the reasons why                   |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |
|                    |                              |                                      |  |  |



| Expecte                                                                                                                       | ed benefit to accrue from   | n the tour |              |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------|--------------|
| Why is 1                                                                                                                      | the tour deemed to be r     | necessary  |              |
| Adul                                                                                                                          | ts accompanying the st      |            |              |
| Class Teacher                                                                                                                 | Number of other<br>teachers | Number of  | other adults |
| That appropriate arranger<br>accordance with Circular                                                                         | PPT 01/03 for those         | Yes:       | No:          |
| classes whose teachers are absent with the<br>tour<br>That adequate insurance is in place to cover all<br>risks while on tour |                             | Yes:       | No:          |
| That parental permission has been secured for<br>each student who is to participate on the tour.                              |                             | Yes:       | No:          |

Signature of Principal:



### Appendix A:2

School Tours by pupils of Comprehensive and Community schools

In the case of school tours outside of the island of Ireland by pupils and teachers from Comprehensive and Community schools, the Board of Management should not rely on the State Indemnity for insurance purposes. Appropriate travel insurance should be taken out to cover those embarking on the tour.

In the case of school tours within Ireland (including Northern Ireland) by pupils and teachers from Comprehensive and Community schools Boards of Management may, with one exception, convey formal approval for indemnity provided the tour is adequately supervised by employees of the Board. (The Board may delegate it's authority in this matter to the Principal <u>but</u> responsibility at all times shall rest with the Board.)

The exception is where the tour involves an activity of a specialist nature (such as to an Outdoor Education Centre) which requires supervision by trained professionals. In this instance the Board of Management may not rely on the State Indemnity for insurance purposes. Appropriate insurance should be taken out to cover those embarking on the tour.

Subject to the foregoing, the question of the degree of supervision required in each case would be a matter for reasonable consideration and determination by the Board having regard to all the surrounding circumstances.

The normal State Indemnity provisions will continue to apply in respect of actions claims or demands taken or made against the Board of Management and the teaching and nonteaching staff arising out of the discharge of their duties whether in respect of pupils or otherwise.

### APPENDIX B:

## Financial Support Services Unit



CRETARIA

## 2015/2016 Financial Guideline-05

## **School Tours – Booking & Collection of Payments**

Introduction

This guideline is to provide information to school management and school personnel involved in the organisation of school tours outside of the Republic of Ireland.

Below is an extract from communication received from the Aviation Regulator regarding schools tours:

'This letter is being issued to assist schools in ensuring that pupils and staff who are travelling on foreign school trips are aware that the protection under the legislation in repatriating passengers and providing refunds to those prevented from travelling abroad only comes into operation where bookings are made directly with licensed travel agents and/or tour operators.

The legislation provides that it is a requirement that any person or legal entity that sells travel out of Ireland must hold an appropriate license to do so. Under the provisions of the Transport (Tour Operators and Travel Agents) Act 1982 a travel agent is defined as:

"a person other than a carrier who as agent sells or offers to sell to, or purchases or offers to purchase on behalf of, any person, accommodation on air, sea or land transport commencing in the State to destinations outside the State or Northern Ireland or who holds himself out by advertising or otherwise as one who may make available such accommodation, either solely or in association with other accommodation facilities or services"

Under the Act a tour operator is defined as:

"a person other than a carrier who arranges for the purpose of selling or offering for sale to any person, accommodation for travel by air, sea or land transport commencing in the State to destinations outside the State or Northern Ireland or who holds himself out by advertising or otherwise as one who may make available such accommodation, either solely or in association with other accommodation facilities or other services"





Any school wishing to organise a school tour abroad must do so using a licensed tour operator or travel agent to arrange the travel package including accommodation and other services. All monies must be paid directly to the tour operator or travel agent, not to school staff or event coordinator.

Compliance ensures that the event is covered by the relevant bond held by the tour operator or travel agent with the Commission for Aviation Regulation as part of the annual licensing requirement, if for any reason the license holder ceases to trade.

It is imperative that the tour operator or travel agent chosen to arrange the overseas trip holds a current license. The full list of all current license holders is available on <u>www.aviationreg.ie</u>'

#### Procedure

In order to ensure that schools are compliant with this legislation, we advise the following:

1. All school tours travelling outside of the Republic of Ireland must be booked through a bonded licensed travel agent or tour operator from the approved list on <u>www.aviationreg.ie</u>

#### and

Payments from students should be made **directly** to the travel agent or tour operator and not collected through the school. Where it is not possible for payments to be made directly to the travel agent the Aviation Regulator has confirmed that a school is in compliance with relevant legislation where cheques made out to the bonded travel operator are collected by the school. These cheques can be forwarded to the bonded tour operator by the school. It is important to note that these cheques **must** be made payable to the bonded tour operator, **not** to the school.

- 2. Many tour operators and travel agents can accept payments electronically or by cheque and cash. We advise schools to work closely with the tour operators in establishing procedures to ensure the school retains full control of the tour.
- 3. We do not recommended use of any particular tour company. Schools are free to select any of the bonded tour operators from the approved list on <a href="http://www.aviationreg.ie">www.aviationreg.ie</a>
- 4. <u>FSSU Guideline 04-2007/2008</u> 'Educational Tours by School Groups' and <u>Circular</u> <u>M20/04</u> give further guidance on the operation of school tours.

Further information or clarification on any of the issues raised in this Guideline can be obtained from the FSSU.

Louise McNamara Director, FSSU 17<sup>th</sup> September, 2015





## POLICY AND PROCEDURES TO BE FOLLOWED FOR SCHOOL OVERNIGHT TOURS AND TRIPS

Ratified by the Board of Management 2006 Last updated reviewed and ratified 18/11/2013 Due for review 2015 /16 Due for review 2018/19

Policy Reviewed and updated by Board of Management: \_\_\_\_\_4<sup>th</sup> March 2019\_\_\_\_\_

| Signed |  |
|--------|--|
| Digneu |  |

Chairperson, Board of Management

Signed \_\_\_\_\_

Principal

Date \_\_\_\_\_

Date \_\_\_\_\_

Due for next review: \_\_\_\_\_2022\_\_\_\_\_