

List of Excursion Participants

Risk, Health and Safety

This Form relates to OHS Procedure - [Student Excursions](#)

DESTINATION							
FROM	[Date]	[Time]	am pm	TO	[Date]	[Time]	am pm
NAME OF STAFF MEMBER IN CHARGE							
CONTACT No. FOR STAFF MEMBER							
CONTACT No. FOR DRIVER							

Name of Student	Emergency Contact Details	Notes*(see below)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Name of Other Participants	Emergency Contact Details	Notes*(see below)
1.		
2.		
3.		
4.		
5.		
6.		

**This column may be used to indicate any special requirements, medical conditions, etc., that apply to the participants. In such cases, this form is to be treated as strictly confidential.*

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.