Form 607.1.2 :
Risk Assessment for Amber Activities

Use this form for --> **Amber**

Lethbridge
SCHOOL DIVISION

Lethbridge School Division
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Date:

School:

Activity:

Teacher in Charge:

Destination:

Purpose of activity:

Grade level(s):

# of students:

Safety Plan:
Briefly describe the assessment and preparation that has occurred regarding the following, as appropriate:

1. Hazards or risks associated with activity.

2. Equipment or safety precautions taken.

Form 607.1.2 Risk Assessment for Amber Activities (Continued)

3. Contingency plan(s):

[   ]

Supervision Plan:

1. Identify the roles and responsibilities of supervisors (large and/or small group supervision, group management, discipline, night checks, activity instruction, other:

[   ]

2. When and how will volunteers be briefed regarding their roles, responsibilities and expectations?

[   ]

Emergency Plan:

1. First aid, survival and repair kits (as appropriate) are stocked and accessible: ◯ **Yes**   ◯ **No**

2. What is the level of first aid training within the group?

[   ]

3. How will emergency services (police, fire, ambulance, search and rescue) be activated if needed in the area?

[   ]

4. What steps will you follow if a participant is ill or has a non-life threatening injury?

[   ]

Name of Teacher in Charge (please print)   **Date**   **Signature**

Name of Principal (please print)   **Date**   **Signature**

Associate Superintendent (if required) (please print)   **Date**   **Signature**

Authorization for collection of personal data:

Personal information is collected under the authorization of the Alberta Freedom on Information and Protection of Privacy (FOIP) Act for the purpose of completing the off-site activity described above.