



RISK ASSESSMENT FOR AMBER ACTIVITIES

Date:

School:

Activity:

Staff 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 the activity.

2. Equipment or safety precautions.

3. Contingency plan(s).

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

Superintendent (please print)

Date

Signature

Authorization for collection of personal data:

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