

St. Robert's School Risk Assessment Pro Forma

(Child Safe Standard 6; please complete and return to Risk Management Officer)

Excursion, Activity or Event: _____

Proposed Date: _____

Coordinator/Manager: _____

Grades Involved: _____ **No. of Students:** _____

Teachers & Staff Involved: _____

Degree of Potential Risk: LOW MEDIUM HIGH

Supervision Ratio: _____

Identify potential risks

Identify risk management strategies

Signature/s: _____

Date: _____

