



Sharjah American  
International School

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2025 - 2026

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# **SAIS EXTRACURRICULAR ACTIVITIES AND EVENTS**

## **POLICY**

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Abu Dhabi Branch

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## 1. INTRODUCTION

Extracurricular Activities (ECAs) play an important role in strengthening students' confidence, wellbeing, and personal development. SAIS is committed to offering a wide range of extracurricular opportunities that enrich students academically, socially, culturally, physically, and emotionally.



All ECAs and events at SAIS are planned and delivered in a safe, inclusive, and well-supervised manner, ensuring full compliance with ADEK wellbeing expectations and UAE cultural values.

## 2. PURPOSE OF THE POLICY

This policy aims to ensure that SAIS:

- Provides structured extracurricular opportunities that meet diverse student interests and needs.
- Promotes students' physical, social, emotional, and cognitive growth through meaningful engagement.
- Supports student wellbeing, leadership, teamwork, and talent development.
- Ensures ECAs and events are delivered safely, inclusively, and in alignment with ADEK and UAE regulations.

## 3. SCOPE

This policy applies to all SAIS students, staff involved in ECAs and events, external providers, volunteers, and guests. It covers school-organized activities conducted on-campus/off-campus, during/after school hours, weekends/holidays, and inside/outside the UAE.

## 4. DEFINITIONS

SAIS follows ADEK definitions for key terms including Extracurricular Activities (ECAs), Events, Field Trips, Overseas Trips, Risk Assessment, Emergency Plan, ECA Coordinator/Supervisor/Leader, and Students with Additional Learning Needs.

## 5. INCLUSIVE ACCESS

This policy is reviewed annually by the Health & Safety Committee and the Compliance Officer to ensure alignment with ADEK's current framework. Records of monitoring and corrective actions will be presented during inspection or audit visits.

## 6. EXTRACURRICULAR PROGRAM OVERVIEW

SAIS offers a balanced ECA program which may include academic clubs, cultural and artistic activities, sports and athletics, student leadership and service initiatives, competitions, and trips. A full list of activities is published through the school calendar and official communication channels.

## 7. ROLES AND RESPONSIBILITIES

### 7.1 Principal / Head of School

The Principal/Head of School approves ECAs and events, ensures safe delivery and documentation, and ensures required ADEK approvals are submitted.

### 7.2 ECA Coordinator

The ECA Coordinator reviews plans, coordinates schedules, ensures consent and documentation, and supports emergency communication.

### 7.3 ECA Leader / Supervisor

ECA Leaders/Supervisors deliver activities responsibly, follow safeguarding expectations, manage student behaviour, ensure first aid readiness, and report incidents immediately.

## 8. PLANNING AND ORGANIZING ECAS

Before launching any ECA, SAIS ensures risk assessment is completed, UAE cultural considerations are respected, and the activity is approved. If an ECA is held during lesson time, an educational compensation plan will be implemented.

## 9. ADEK APPROVALS (WHEN REQUIRED)

AIS applies for ADEK approval when required for activities such as paid ECAs, off-campus overnight activities, overseas trips, and field trips. SAIS will not collect any fees until ADEK approval is granted.

## 10. PARENTAL CONSENT

SAIS requires signed parental consent for all students participating in ECAs and events. Consent includes activity details, transportation arrangements, emergency contact details, and relevant medical information.

## 11. SAFE DELIVERY AND SUPERVISION

SAIS ensures supervision throughout the duration of the activity until students are handed to authorized staff or parents. SAIS follows ADEK minimum supervision ratios for field trips and overseas trips.

## 12. TRANSPORTATION AND TRAVEL SAFETY

Where transportation is provided, SAIS ensures compliance with relevant policies, safe travel planning (including prayer, hydration, and breaks), and driver fatigue prevention measures.

## 13. RISK ASSESSMENT AND EMERGENCY PLANNING

SAIS conducts risk assessments for all activities and prepares emergency plans, including response to adverse weather and medical emergencies, based on the nature of the activity and participant needs.

## 14. REPORTING INCIDENTS

Any health and safety incident must be reported immediately to the Principal (directly or via the ECA Coordinator) and documented through official reporting channels, including root cause analysis when required.

## 15. EVENTS REQUIREMENTS

SAIS ensures events include clear eligibility criteria, conduct expectations, consequences for misconduct, and appropriate risk assessment and emergency planning.

## 16. RECORDS AND DOCUMENTATION

SAIS maintains records for all ECAs and events, including attendance, participant lists, consent forms, risk assessments, travel plans, and incident reports.

## 17. COMPLIANCE

SAIS is committed to full compliance with ADEK requirements. Failure to comply may result in accountability measures in line with ADEK regulations and UAE law.

## APPENDICES

Appendix A: Risk Assessment Template

Appendix B: Parental Consent Form

Appendix C: Trip/Travel Plan Template

Appendix D: Incident Report Form

## APPENDICES

### Appendix A: Risk Assessment Template (SAIS)

Activity/Event Title: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location: \_\_\_\_\_

ECA Leader: \_\_\_\_\_

Participants: \_\_\_\_\_ Students | \_\_\_\_\_ Staff

#### Risk Assessment Table

Hazard/Risk	Who may be harmed ?	Control Measures	Risk Level (L / M / H)	Person Responsible

#### Medical & Special Requirements

- Students with medical conditions / allergies:  Yes  No

Details: \_\_\_\_\_

- Students with additional learning needs:  Yes  No

Adjustments required: \_\_\_\_\_

#### Final Check

Emergency contacts available

First aid kit available

Supervision ratio confirmed

Transport safety confirmed (if applicable)

Prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by (ECA Coordinator): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by (Principal): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPENDICES



### Appendix B: Parent Consent Form (SAIS)

#### SAIS – Parent Consent Form for ECA/Event Participation

Student Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

ECA/Event Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: From \_\_\_\_\_ To \_\_\_\_\_

Location:  On Campus  Off Campus (\_\_\_\_\_)

Transport Provided:  Yes  No

#### Medical Information

- Allergies:  Yes  No

Details: \_\_\_\_\_

- Medical condition:  Yes  No

Details: \_\_\_\_\_

#### Parent Consent

I confirm that I allow my child to participate in the above activity/event.

I acknowledge that SAIS will take all necessary safety measures.

Parent Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPENDICES

### Appendix C: Trip/Travel Plan Template (SAIS)

#### SAIS – Trip/Travel Plan Form

Trip Title: \_\_\_\_\_

Trip Type:  Educational  Competition  Camp  Other: \_\_\_\_\_

Destination: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

#### Participants

- Total Students: \_\_\_\_\_

- Total Staff: \_\_\_\_\_

- Supervision Ratio: \_\_\_\_\_

#### Transport Details

Company: \_\_\_\_\_

Bus No(s): \_\_\_\_\_

Driver Name(s): \_\_\_\_\_

Student List Attached:  Yes  No

#### Safety & Risk

Risk assessment attached

First aid coverage confirmed

Student medical list shared with Nurse

Parent Consent:  Collected and filed

#### Approvals

Trip Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ECA Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Principal/Head of School: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPENDICES

### Appendix D Incident Report Form (SAIS)

#### SAIS - ECA/Event Incident Report Form

Reference No.: \_\_\_\_\_

Date of Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

#### Persons Involved

Student(s): \_\_\_\_\_

Staff Member(s): \_\_\_\_\_

Witnesses: \_\_\_\_\_

#### Incident Description (Facts Only)

\_\_\_\_\_

#### Immediate Action Taken

\_\_\_\_\_

#### Injury / Medical Support

None  First Aid  Clinic  Hospital

Details: \_\_\_\_\_

#### Parent Notification

Yes  No

If yes, time and name: \_\_\_\_\_

#### Follow-up Actions Required

\_\_\_\_\_

Reported By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed By (SLT/HR): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_