

child care services

Title of the Excursion:

Venue:

Day/Date:

Address:

Departure Time:

Description of Venue:

Return Time:

Activities at Venue:

Transport Type:

Seat Belts: Yes No

Staff Ratio:

Anticipated number
of children:

Anticipated number
of staff/Adults:

A risk assessment of this excursion has been prepared and is available at the service.

Permission: I hereby give permission for my child/children listed below to attend the above excursions and activities organised by the above named service.

Child/Children's Names

Parent/Carer Name

Signature

Date

Name of the best
contact on the day

Number

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