

Children’s Activities and Day Visits

The organiser should design a sheet including the following information:

Name of visit or activity

Date

Venue/destination

Departure place and time

Return place and time

Cost (including payment details)

Transport arrangements

Items to be brought (coat, swimming kit, packed lunch, money etc.)

Date by which reply is to be made, and person to whom it should be sent

Details of contact for safeguarding concerns and emergency contact

Completed forms should be taken on the visit or activity and copies kept securely by the organiser.

Reply Slip

One form per person

Meeting/Group: _____

Visit or activity: _____ Date _____

I have read the above information and I give permission for:

(full name of child/young person) _____

to take part in this activity.

Address: _____

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability that may be affected by this activity:

Phone number for emergencies:

Day: _____ Evening _____

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital will be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. However, the parent/carer will be contacted and advised of the situation as soon as possible.

It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance from the parent/carer:

All necessary information concerning the child/young person's health, allergies, medication etc.

Written agreement as follows:

I understand:

My child will receive medication as instructed before or during the event.

Every effort will be made to contact me as soon as possible should my child become ill or have an accident.

My child will be given medical/dental treatment as necessary.

I enclose a cheque or cash to the sum of £ _____

Signed: _____

Name: _____

(parent/or adult with parental responsibility)

Date: _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).