

Form

Activities and Day Visits

Name of Place of Worship/Group

Proposed Visit or Activity

Design your own form to include the following:

- Name of visit or activity
- Date
- Venue/destination
- Departure place and time
- Return place and time
- Cost (Inc. cheques payable to)
- 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

Include the reply slip below in your form

This form should be taken with the worker on the activity or visit. A photocopy should be kept securely at the place of worship/organisation.

Reply Slip

One form per person

Full name of child/young person

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)

Telephone number for emergencies

Day: _____ Evening: _____

**I have read the above information and I give permission for
_____ to take part in this activity.**

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should 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 should 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:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. 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 (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).