

Planned Outing for a Child

A: DETAILS OF PROPOSED OUTING

Venue / Location:

Date(s) of Outing:

Planned Time of Departure:

Planned Time of Return:

Proposed Route:

Method of Transport:

No of Children in Party:

**NAMES OF
ACCOMPANYING
ADULTS:**

A: DETAILS OF PROPOSED OUTING

I / we give our consent to my / our child participating in this outing. Please note the following details concerning my / our child's welfare / personal / medical needs:

SPECIAL DIETS:

ALLERGIES & PHOBIAS:

PERSONAL CARE:

MEDICATION (subject to separate Consent to Medicate):

Signature: _____ Name: _____ Date: _____

Daytime Tel No: _____ Emergency Tel No: _____