**Early Years Excursion Authorisation Form**

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| --- | --- |
| **Service name:** | |
| **Groups attending:** | |
| **Description of the excursion** | |
| **Date:**       **Purpose:**  **Proposed activities:** | |
| **Description of destination** | |
| **Address:**  **Description of proposed destination**:  **Method of transport:** | |
| **Attendance** | |
| **Time children will be away from the service:**  **The number of children likely to be attending the excursion:**  **The anticipated ratio of educators to children attending the excursion:**  (including any other adults who will accompany and supervise the children on the excursion) | |
| **A risk assessment has been completed for this excursion and is available at the service** |

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**Declaration and consent for child to attend**

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (print child’s full name)

to attend the excursion to       on       (date) with       (service name)

🞏 Yes 🞏 No I am able to assist on this excursion

🞏 Yes 🞏 No I have a Working with Children Check 🞏 WWCC copy attached

Name doctor/medical service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address doctor/medical service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian name (print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_