**Early Years Excursion Authorisation Form**

|  |
| --- |
| **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** |

------------------------------------------------------------------------------------------------------------------------------

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_