

EXCURSION PERMISSION FORM

Title of the Excursio	n:				
Venue:		Day	y/Date:		
Address:		Departur	e Time:		
Description of Venue:		Retur	n Time:		
Activities at Venue:		Transpor	t Type:		
		Sea	t Belts:	Yes	No
	Staff Ratio:				
		Anticipated r	number nildren:		
Anticipated number of staff/adults:					
A risk assessment of this excursion has been prepared and is available at the service.					
Permission: I hereby give permission for my child/children listed below to attend the above excursions and activities organised by the above named service.					
Child/Children's Names					
Parent/Carer Name	Signature		Name of the		Phone

OFFICE USE ONLY Date Received: Received By: Entered Date: Entered by: