PROPOSED EXCURSION TO

DATE : TIME(s) Leaving centre :

Returning to centre :

METHOD(s) OF TRAVEL:

ROUTE to DESTINATION:

RATIO ADULTS/CHILDREN:

RISK ASSESSMENT AND MANAGEMENT FOR AN EXCURSION CAN BE FOUND:

**Physical Address of Local Landmarks:**



TEACHERS RESPONSIBLE:

CORRESPONDING CELL PHONE #:

***A cell phone, water and first aid kit will be taken on all outings.***

|  |  |  |
| --- | --- | --- |
| **Child’s name** | **Child’s name** | **Adult’s name** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Consented approval by persons responsible:**