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:**

1.
2.
3.

TEACHERS RESPONSIBLE:

CORRESPONDING CELL PHONE #:

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

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| **Child’s name** | **Child’s name**  | **Adult’s name** |
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**Consented approval by persons responsible:**