

Appendix D

GROUP LEADER CHECKLIST FOR OFF-SITE VISITS

which are not during normal meeting times

Information to be given to parent/carer and returned.

PART 1 - Details of the Event

Special Event Title	Reson8 Girls' Night							
<i>Insert above, the title of the event. eg. Encounter Trip to the Cinema</i>								
From date	17/3/12	time	7pm	To date	17/3/12	time	9.30pm	
The authorised leaders of the special event will be: <i>Insert below all the names of leaders who might, in case of emergency, have to sign a medical permission form.</i>								
Julie McGrath								
Pippa Jones								
Is personal accident cover being provided by us the organisers?							<input checked="" type="checkbox"/>	No
<i>Cross out the "Yes" or "No"</i>								
<i>If "Yes", then give the insurance company's name and the organiser's name</i>								
Travel arrangements will be by				N/A				
driven by <i>(insert names of drivers)</i>								
Outdoor activities or special activities which will be properly supervised by leaders. Your child will be invited to participate in activities including: <i>Insert eg. walking, bicycle riding, assault course, swimming ...</i>								
Watching a film, food and chat								
<i>Delete this paragraph entirely if it does not apply.</i> There is a letter attached to this form with further instructions and details of the arrangements.								
<i>Delete this paragraph entirely if it does not apply.</i> You are expected to deposit your child and pick them up at: <i>(insert location)</i>				38, Ingleton Drive, Lancaster, LA1 4RA				

Appendix E

PARENTAL / CARER CONSENT FORM FOR OFF-SITE VISITS

which are not during normal meeting times

Alternative form for children to save parents repeating information

The parent/carer must complete and return PART 2 of this form to the organisers of this specific off-site visit.

PART 2

Title of the Event	<input type="text"/>		
	<i>Insert above the title as given in Part 1 and the times below as in Part 1</i>		
From date	<input type="text"/>	time	<input type="text"/>
To date	<input type="text"/>	time	<input type="text"/>
I agree to my son / daughter / ward	<input type="text"/>		
	<i>Insert above, the full name of your child</i>		
(who is 17 years old or younger) taking part in the above stated visit and having read Part 1 and any other information sheets issued by the organisers, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part.			
EMERGENCY DETAILS			
I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.			
I may be contacted by telephone on the following number(s):			
Home	Work	Mobile	
My name	<input type="text"/>		<input type="text"/>
My address	<input type="text"/>		Post Code <input type="text"/>
Please give below an alternative contact point and person:			
Name	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		Post Code <input type="text"/>
Phone no(s)	<input type="text"/>		
Please give below the Family Doctor's name and contact details:			
Name	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		Post Code <input type="text"/>
Phone no(s)	<input type="text"/>		

MEDICAL INFORMATION

Does your child suffer from any of the following conditions? *Cross out the YES or NO which does not apply.*

Asthma	yes/no	Bronchitis	yes/no
Chest Problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised Blood Pressure	yes/no	Tuberculosis	yes/no

If YES to any of the above, please provide details:
.....
.....

Does your child suffer from any other condition requiring medical treatment, including medication? yes/no

If YES, please provide details:
.....

Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? yes/no

If YES, please provide details:
.....

Has your child been immunised against Tetanus (lock jaw)? yes/no

If YES to tetanus, please give date (if known)

Is your child taking any form of medication on a regular basis? yes/no

If YES, please give full details, indicating the type of medication and dosage.
.....
.....

Do you give your consent to this medication being administered to your child? yes/no

Please ensure that you supply adequate supplies of medication and dosage to the person in charge.

Does your child have any special dietary needs?
.....
.....

INSURANCE COVER

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser. I also understand that any extension of insurance cover is my responsibility.

DECLARATION

I have read all the information provided about the proposed off-site event.

I consent to my child (*name*)..... taking part in such activities and declare my child to be in good health and physically able to participate in all the activities mentioned.

I am happy for photographs of my child to be used within Parish and/or Diocesan publicity or publications.
 Please tick here if you wish your child not to be included.

I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.

I am aware of the levels of insurance cover.

I will ensure that any change in the circumstances will be notified to the organiser.

Signature of Parent / Carer date

Name (please print)