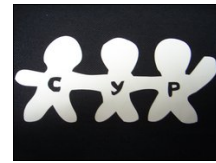


Coldstream Youth Project

"Gateway to Lifeskills"



Outings & Events Form

SECTION A—OUTLINE OF PROPOSED ARRANGEMENTS (to be completed by establishment staff and retained by parents)

- 1. Organisation.....
- 2. Excursion/Event.....
- 3. Venue(s).....
- 4. Date(s).....
- 5. Names of leaders and other adults.....
- 6. The following information is enclosed.....
- 7. Return to (member of staff)..... by (date).....

SECTION B—TO BE COMPLETED BY PARENT/LEGAL GUARDIAN and returned to centre as indicated in Section A above. (Please use BLOCK CAPITALS)

- 1. Full name of child/young person.....
- 2. Date of Birth.....
- 3. For the attention of.....
- 4. School: Coldstream Youth Project
- 5. Excursion.....
- 6. Date(s).....

7. Medical Information

In addition to any request on application form for Coldstream Youth Project to administer prescribed medication. Please specify any medical factors (e.g. allergies, diabetes, vision/hearing defects, recent illness/injury etc) which, in your opinion, make it unwise for your child to take part in the project or which may require special attention and should be known by the group leaders.

8. Communication During Excursion

Please specify details of telephone number(s), location(s) and times for contacting parent(s), guardian(s) in the case of any emergency. (You will be supplied with details of how to contact the group during the excursion)

(Tear-off slip)

9. Acknowledgement/Consent (*Delete A or B as appropriate)

*A I consent that my child's participation in the excursion/event and I acknowledge receipt of the information. I undertake to see that my child is provided with the required clothing/equipment and that the appropriate contribution is paid. To the best of my knowledge, my child is medically fit to participate in the activities involved. I undertake to notify Coldstream Youth Project in the event of any relevant changes in fitness which may take place prior to the excursion. I agree to my child receiving emergency medical/surgical/anaesthetic/dental treatment as considered necessary by the medical authorities present.

*B I do not wish my child to participate in the excursion/event.

Name.....Signature.....Date.....

End of Form

Claire Knox
Project Manager
(Maternity Cover)

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