Excursion Information

COMPASS ELC

Destination: _____

Date of Excursion: _____

Program: _____

Primary Care Giver: _____

Departure time: _____ Return time: _____ # of Children Participating: _____ Transportation: _____

Names of staff attending trip: _____

- ❑ Individual group list of children given to designated staff
- ❑ Information written in the communications book
- ❑ First Aid kit
- ❑ Emergency cards
- ❑ Extra diapers and gloves if necessary
- ❑ Wet cloths/wipes if needed

If travelling by bus:

- ❑ Bus Seating Plan
- ❑ Vulnerable Sector Check or Offence Declaration for bus driver

- ❑ Kleenex if needed
- ❑ Food if needed
- ❑ Any medications with authorization form
- ❑ Health Alert Safety Plan excursion instructions
- ❑ Sunscreen
- ❑ Money, tickets, coupons, if needed
- ❑ Clothing appropriate to weather

Safety Plan

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COMPASS ELC

Destination: _____

Date of Excursion: _____

Program: _____

Primary Care Giver: _____

Child's Name	Parent Signature	Staff & Volunteer assigned to child: