**Holiday Risk Assessment and Consent Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information:** | | | | | | | | | | | | | | | | |
| Child/YP’s Name | | | |  | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | | | | | |
| Legal Status | | | |  | | | | | | | | | | | | |
| Carer’s Name | | | |  | | | | | | | | | | | | |
| **Child/Young Person’s Social Worker’s Details:** | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Postal Code | | | |  | | | | | | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | | |
| Has the Social Worker been informed and consented to the holiday? | | | | | | | | | | | | | | **Yes / No** | | |
| **Birth Family Contact Details (if applicable):** | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | |
| Relationship to Child/YP | | | |  | | | | | | | | | | | | |
| Contact Details | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | | | |
| Has the family been informed and consented to the holiday? | | | | | | | | | | | | | | **Yes / No** | | |
| **Holiday Date Details:** | | | | | | | | | | | | | | | | |
| Departure Date | | |  | | | | Return Date | | | | |  | | | | |
| Is this holiday being taken during term time? | | | | | | | | | | | | | | **Yes / No** | | |
| If yes, has consent been received from the school (please attach) | | | | | | | | | | | | | | **Yes / No** | | |
| **Accommodation/Resort Details:** | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Postal Code | | | |  | | | | | | | | | | | | |
| Country | | | |  | | | | | | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | | | |
| **Booking Agent Details (in the event of an emergency):** | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | |
| Contact Details | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | | | |
| **Holiday Insurance Details (for holidays abroad or activity holidays):** | | | | | | | | | | | | | | | | |
| Name of Company | | | |  | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Type of Insurance:  (Annual, trip only, named person etc.) | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Policy Number | | | |  | | | | | | | | | | | | |
| **Details of All Others Travelling/Sharing Accommodation:** | | | | | | | | | | | | | | | | |
| Name |  | | | | | Age |  | | | Relationship | | | | |  | |
| Name |  | | | | | Age |  | | | Relationship | | | | |  | |
| Name |  | | | | | Age |  | | | Relationship | | | | |  | |
| Name |  | | | | | Age |  | | | Relationship | | | | |  | |
| Name |  | | | | | Age |  | | | Relationship | | | | |  | |
| Name |  | | | | | Age |  | | | Relationship | | | | |  | |
| **Accommodation:** | | | | | | | | | | | | | | | | |
| Hotel |  | Villa | | |  | | Chalet |  | | | Mobile Home | | | | |  |
| Caravan |  | Camping | | |  | | Other |  | | | | | | | | |
| Detail sleeping arrangements for young people (separate or shared room, interlocking door, shared bed): | | | | | | | | | | | | | | | | |
| Itinerary of Activities (what activities do you anticipate doing?): | | | | | | | | | | | | | | | | |
| Is the child or young person able to swim at least 50 metres unaided? | | | | | | | | | | | | | **Yes / No** | | | |
| **(If No)** What safeguards will be in place to keep them safe? | | | | | | | | | | | | | | | | |
| Risky Behaviours (Please identify all known risky behaviours and details how you plan to manage these risks on holiday?) | | | | | | | | | | | | | | | | |
| **Health Information (Please include all on-going medical issues):** | | | | | | | | | | | | | | | | |
| Please list vaccinations required: | | | | | | | | | | | | | | | | |
| Date of vaccinations: | | | | | | | | | | | | | | | | |
| List all known allergies: | | | | | | | | | | | | | | | | |
| Please list any prescribed medication: | | | | | | | | | | | | | | | | |
| **For all overnight trips/ holiday foster carers should take:** | | | | | | | | | | | | | | | | |
| * The child/young person’s medications, transported in a securely locked container * A copy of this form * A copy of medical consent for the child/young person * Written consent from person with parental responsibility * The child’s European Health Insurance Card (If travelling to Europe) * A copy of the child’s passport and insurance | | | | | | | | | | | | | | | | |
| **Child/Young Person Name (if applicable):** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |
| **Birth Parent Name (if applicable):** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |
| **Foster Carer Name:** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |
| **Foster Carer Name:** | | | | | | | | |  | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |
| **Child’s Social Worker Name:** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |
| **Supervising Social Worker Name:** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |
| **Local Authority Service Manager Name:** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | | | | | | |