**Holiday Risk Assessment and Consent Form**

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| **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: |