

Travel Checklist

Details of trip

Dates of Trip: leave _____ return _____

Transport arrangements

Insurance cover arranged YES / NO

Name & Address of Insurers _____

Policy number _____

Accommodation to be used:

Tel: _____

Consent forms completed

YES / NO

Members of group with additional support needs or medical conditions and arrangements for dealing with these

First Aid arrangements

Itinerary

Contact details of adults accompanying group

Name	Mobile Number	PVG Checked? (Y/N)

Photocopy this form and leave a copy with a member of your group not travelling so that they have information available should an emergency occur and contact is required