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|  | **Class Trip to:** | | **Date:** | | |
| Venue Contact Name: | | | | |
| Venue Phone Number: | | | | |
| Time of Departure from School: | Expected Time of Arrival at Venue: | | | |
|  |  | | | |
| Time of Departure from Venue: | Expected Time of Arrival at School: | | | |
|  |  | | | |
|  | | | | | |
|  | Date set and venue booked | | |  |  |
| Transport booked | | |  |  |
| Final costs, including insurance, calculated | | |  |  |
| Parents letters sent home | | |  |  |
| All parents consent forms completed | | |  |  |
| Risk assessment completed | | |  |  |
| Children with dietary and medical needs noted | | |  |  |
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|  | Key Times (workshops, lunch, etc.) | | | | |
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|  | **Adult Helper Name** |  | **Adult Helper Name** |  | **Adult Helper Name** |
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|  | **Adult Helper Name** |  | **Adult Helper Name** |  | **Adult Helper Name** |
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|  | **Name of First Aider** | | | | |
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|  | **Notes** | | | | |
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