

**Appendix 6d**

**Checklist for Parent/Guardian of Children/Young People Travelling Abroad**

Have I ensured that	Please tick
• staff are aware of any medical and/or dental health or personal problems which might affect my son/daughter/ward during the visit.	<input type="checkbox"/>
• I have completed all requested documentation	<input type="checkbox"/>
• My son/daughter/ward fully understand his/her responsibilities while abroad	<input type="checkbox"/>
• I have also completed the Parent/Guardian consent form regarding swimming or for activities requiring swimming ability (if appropriate)	<input type="checkbox"/>
• I know who to contact if there is an urgent need to get in touch with my son/daughter/ward	<input type="checkbox"/>
• I have a complete itinerary and timetable of the visit and understand the purposes of the visit	<input type="checkbox"/>
• I have a copy of the insurance cover document	<input type="checkbox"/>
• I know who to contact if I have any concerns about my son/daughter/ward while abroad	<input type="checkbox"/>
• My son/daughter/ward is appropriately equipped for the visit	<input type="checkbox"/>
• I know the sleeping arrangements of where my son/daughter/ward is staying	<input type="checkbox"/>
• I have completed all requested documentation	<input type="checkbox"/>

Signed \_\_\_\_\_

Date \_\_\_\_\_