

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 special needs or medical conditions and arrangements for dealing with these

First Aid arrangements

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Itinerary

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Contact details of adults accompanying group

Name	Mobile Number

- 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.