# Trips Away Parent Consent & Chaperone Agreement Form

Trip Name: _____ Date(s): _____

## Child's Details

Full Name: _____ Date of Birth: _____

Age: _____

**Medical Information:** (allergies, medications, health conditions): _____

_____

_____

## Parent/Guardian Details

Parent/Guardian Name: _____

Address: _____

Contact Number: _____ Other Number: _____

Email: _____

## Emergency Contact (if different from above)

Name: _____ Relationship: _____

Phone Number: _____

## Consent

I give permission for my child to:

- Travel to and from the trip with staff/chaperones.

- Stay overnight under the supervision of approved staff/chaperones.
- Receive appropriate medical treatment in case of emergency.

Parent/Guardian Signature: _____ Date: _____

## Chaperone Section

Chaperone Name: _____ Age: _____

Contact Number: _____ Email: _____

DBS/PVG Check: **Yes / No** Date of Check: _____

Date of WUMA Approval: _____

As a chaperone, I agree to:

- Supervise children responsibly at all times during the trip.
- Follow WUMA safeguarding procedures and report any concerns immediately.
- Never be alone in a room or a car with a child who is not my own.
- Carry out regular check-ins for the children under my supervision.

Chaperone Signature: _____ Date: _____