

A: DETAILS OF PROPOSED HOLIDAY				
CHILD / YOUNG PERSON:		Dates absent from the Home for holiday:		
DETAILS OF HOLIDAY:	Name, address and contact telephone number of holiday location:			
	Risk Assessment(s):		Conducted by: _____ Date(s): _____	
	Accompanying staff members: (<i>"F/Aider"</i> indicates that the staff member is a trained First Aider)		Name: _____ F/Aider: YES / NO	
			Name: _____ F/Aider: YES / NO	
			Name: _____ F/Aider: YES / NO	
	EMERGENCY CONTACT DETAILS (relevant to holiday location):	POLICE:		Tel: _____
		MEDICAL SURGERY (nearest):		Tel: _____
HOSPITAL (nearest):			Tel: _____	
CREDIT CARDS:		Emergency telephone numbers: _____		

B: CHECKLIST & ACTION PLANS			
B1: SERVICE USER (<i>tick box when completed</i>)	✓	B2: STAFF MEMBERS (<i>tick box when completed</i>)	✓
Service user has mental capacity:		Funding / staff payment issues resolved:	
Service user will participate in decisions regarding their care:		Service user paperwork and records:	
Safeguarding issues if service user is very vulnerable:		MAR Charts (Medicine Administration Records):	
Appropriate clothing, footwear etc:		Consent Forms in place:	
Toiletries and personal items:		Authorised driver:	
Aids to daily living (spectacles, walking aids etc):		Vehicle is properly insured, taxed, and has current MOT:	
Essential medication and medical equipment (<i>Epi-pen</i> , etc):		Appropriate training for staff, including moving and handling:	
Monies:		Mobile phone and charger, and 24/7 emergency numbers:	
Credit and debit cards:		Documented Risk Assessments in place:	
Special dietary requirements:		Special arrangements for transporting luggage:	
<i>Foreign holidays</i> – passport, visa, insurance, cash / cards		<i>Foreign holidays</i> – passport, visa, insurance, cash / cards	
B3: COMMENTS & ANY ACTION REQUIRED:			
Signature (for Care Home): _____ Name: _____ Date: _____			