



Away day trips and fixtures

An essential safety checklist for sport organisations

Event name	
Date	

Communication to parents / carers	
<input type="checkbox"/>	Drop-off, pick-up times, and location
<input type="checkbox"/>	Destination and venues (including address and postcode)
<input type="checkbox"/>	Competition details
<input type="checkbox"/>	Kit and clothing required
<input type="checkbox"/>	Food and drinks required
<input type="checkbox"/>	Other specific requirements
<input type="checkbox"/>	Consents / registration forms received
<input type="checkbox"/>	Medical details and medication
<input type="checkbox"/>	Contact details for trip organiser and process for parent contacting leaders or young person

Communication from parents / carers	
<input type="checkbox"/>	Child's basic information
<input type="checkbox"/>	Any specific/ additional requirements
<input type="checkbox"/>	Consents / registration forms
<input type="checkbox"/>	Medical details, allergies and medication
<input type="checkbox"/>	Emergency contact numbers

Transport	
<input type="checkbox"/>	Journey times and stopping locations
<input type="checkbox"/>	Supervision
<input type="checkbox"/>	Suitability, accessibility
<input type="checkbox"/>	Drivers license and insurance checked
<input type="checkbox"/>	Insurance covering the transport



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|---|
| <input type="checkbox"/> Seat belts are being worn correctly by all occupants whilst in transit |
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Supervision and staffing

- | |
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| <input type="checkbox"/> Ratio of staff to children is maintained (including when not participating) |
| <input type="checkbox"/> Gender of the responsible adults for the group has been considered |
| <input type="checkbox"/> Specialist carers are provided if necessary |
| <input type="checkbox"/> Responsibilities of individuals |
| <input type="checkbox"/> Emergency contact details available |

Emergency procedures

- | |
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| <input type="checkbox"/> Fully stocked first aid kit |
| <input type="checkbox"/> Specific medical details and medication |
| <input type="checkbox"/> Reporting procedures |
| <input type="checkbox"/> Contact details for safeguarding lead |
| <input type="checkbox"/> Location of nearest hospital |

Insurance

- | |
|---|
| <input type="checkbox"/> Liability |
| <input type="checkbox"/> Adequate cover |

Sign-off	
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Signature	
Print Name	
Date	