**IFG Activities/Events/Sleepover Outside**

**Regular Meeting Venue/Time**

This form should be completed and held on file for activities/events/camps outside of regular meeting venue/time. If an overnight camp or an activity with perceived risk **send a copy to rams@iconz4girlz.org.nz**

**IFG Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leader in charge of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of girls: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of visit/event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist of organisational reminders:**

Notice to parents (please attach) – purpose, date, time, clothing, food, cost, transport, Medical statement, liability exemption and permission slip.

 Medical Kit **Adult/Girl Ratio** \_\_\_\_\_\_\_:\_\_\_\_\_\_\_

Permission slip, return date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List of people who need to be informed (eg Mountain Safety, Police)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of leaders/adults who will be assisting:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adults with current First Aid Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transporters:** (attach list of car occupants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Car make | Drivers Licence | Reg. Number | Current WOF? | Current Reg? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Safety Factors:** Completed Risk Analysis Management Form

 Instructions / Briefing given to helpers

 Code of Conduct signed by all participating adults

 Membership/Enrolment forms & medical information

**Signature of Leader in Charge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_