



AFDC Excursion Head Count Form

Service Name: _____

Location for Excursion: _____

Date of Excursion: _____

Safe Transportation Checklist (Walking, Bus, Car)

	Date	Time	Each child is accounted for (how many children)	Details of how each child was accounted for	Person responsible	Role	Signature
Embarking at pick up location							
Disembarking at destination							
Embarking at destination							
Disembarking at return location							

Time of Head Check Counts	Number of Children at Head Count (checks to be completed every 15 minutes)	Signature

By signing this checklist, you are declaring that adequate vehicle checks have been performed to ensure all children are accounted for and no children remain in the vehicle at the journey's Conclusion

