

## Nelson Mandela Children's Fund

### Memorandum of Understanding For a Child Travel (ACS 2024)

#### Date:

The Nelson Mandela Children's Fund (the Fund) has requested that I \_\_\_\_\_(Name of Child) travel to \_\_\_\_\_(Name of City, Country), to participate in \_\_\_\_\_(Name of Event/Purpose of Visit), which will be held in \_\_\_\_\_(Location of the Event) from \_\_\_\_\_to \_\_\_\_\_(Dates).

I have been consulted about decisions regarding this visit and the request that I be accompanied by

\_\_\_\_\_ (Name of Accompanying Adult), who will be responsible for my care

and protection. I agree with this visit and the choice of accompanying adults.

I understand that if I become ill, have an accident or other emergency, The Nelson Mandela Children's Fund (the Fund) will refer for any medical treatment that may be required.

I have read the Behaviour Protocols for the Accompanying Adult. I have been given contact names, addresses and phone numbers in each city where I will be and have a copy of the most recent itinerary.

I agree to act responsibly. I will treat other children and adults with respect. I understand that I will be with others who have different values and cultures and I agree to listen to their views and experiences with respect and hope they will do the same for me. I will follow the instructions of the Accompanying Adult whose role it is to care for and protect me. I will not hit or hurt others. I will not drink alcohol, smoke cigarettes or take any illegal drugs. I will not use bad language, make suggestions or offer advice which is offensive or abusive. I will not communicate on mobile, digital, or online platforms in ways that are inappropriate. If I have any concerns about being with my

Accompanying Adult, I know that I can contact \_\_\_\_\_(Name & Phone Number). If anyone acts inappropriately towards me or my friends, I know that I can contact:\_\_\_\_\_ (Name & Phone Number.)

Name, Signature & Date of Birth of the Child & Passport Number & Country of Issue:

\_\_\_\_\_

Name and Signature of the Fund Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of the Accompanying Adult: \_\_\_\_\_

Date \_\_\_\_\_

**Consent Form for Parents/Guardian**

**Date:**

**To Whom It May Concern:**

I / We, \_\_\_\_\_(Name/s of Parent/s/Guardian), of  
\_\_\_\_\_(Address), do hereby allow my child, \_\_\_\_\_  
\_\_\_\_\_(Full Name of Child) to travel to  
\_\_\_\_\_(Name of City, Country), to participate in \_\_\_\_\_  
\_\_\_\_\_(Name of Event/Purpose of Visit) which will be held in  
(Location of the Event) from \_\_\_\_\_ to \_\_\_\_\_ (Dates).

All expenses related to this trip will be paid by the sponsoring organisation, the Fund and \_\_\_\_\_  
(name of any other organisations contributing to the costs). These costs include transportation,  
accommodation, food, and medical, [For international travel: passport and visa costs, and travel  
insurance.]

She/he will be accompanied by \_\_\_\_\_(Name and Title)  
who will be responsible for the care and protection of \_\_\_\_\_(Name of Child).

I/we recognise that if an illness, accident or other emergency involving my/our child should occur,  
medical treatment may be required and I authorise the Fund personnel who are  
supervising my child and the medical personnel that they select, to provide such treatment  
and take measures they deem appropriate under the circumstances.

I/we have read the behaviour protocols and discussed them with my/our child, have been given  
the contact names, addresses and phone numbers [of emergency contacts], and have a copy  
of the most recent itinerary.

Name and Signature of Parent/Guardian of the Child & Proof of Identify (ID Number or Passport  
Number):

\_\_\_\_\_Date\_\_\_\_\_

Name and Signature of the Fund Representative: \_\_\_\_\_Date.....

Signature of the Accompanying Adult: \_\_\_\_\_Date .....

## Accompanying Adult with a Child Travel (ACS 2024)

### To Whom It May Concern:

I, \_\_\_\_\_ (Name/s of Chaperone), of \_\_\_\_\_ (Address) do hereby acknowledge I have read and agree to abide by my responsibilities as the accompanying adult as outlined in this document, and the Fund Child and Adult Safeguarding Policy, including the Behaviour Protocols.

I am over age 21. I agree to accompany \_\_\_\_\_ (full name of child) traveling on the Fund business from \_\_\_\_\_ (Date of Departure) returning on \_\_\_\_\_ (Date of Return) in order that she/he may participate in \_\_\_\_\_ (Name of Event/Purpose of Visit), which will be held in \_\_\_\_\_ (Location of the Event), \_\_\_\_\_ to \_\_\_\_\_ (Dates).

I agree to:

- Facilitate the child's in-country travel as arranged by the Office, which may include transport (by car, train, boat or airplane);
- Be aware of the child's whereabouts at all times; assist with physical and emotional needs as appropriate;
- Keep the child's medical and emergency information accessible at all times, and if I am not the parent or guardian, written permission from the child's guardians to act on their behalf for medical emergencies;
- Ensure that the child is able to communicate with others (particularly children) through interpreters;
- Ensure that the child can relax and participate in discussions and events; and
- Inform the local the Fund's office contact person/organizers of a conference of any difficulties that the children under my care may be experiencing.

Signature of the Accompanying Adult: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardians: \_\_\_\_\_ Date \_\_\_\_\_

Signature of the Child: \_\_\_\_\_ Date \_\_\_\_\_

## **Confidential Health Information Required for Children Supported by the Fund to Travel Out of their Country**

### ***(To be filled in by the parent/guardian)***

While traveling there is always the possibility that a child may become ill or need emergency health treatment. I, \_\_\_\_\_ (name of parent/guardian), from \_\_\_\_\_ (address and contact details) consent to the following information being given to a trained health professional as required, in the event that my child \_\_\_\_\_ (name) requires urgent health care while traveling, and I understand that it will not be used for any other purposes. The child and the Accompanying Adult will have a copy of this information. The Accompanying Adult will keep this information in a safe and known location at all times.

**Date of Birth:** \_\_\_\_\_

**Known Allergies (food, drugs, other allergens):**

**Known Drug Reactions (Name of drug , reaction and any treatments previously used):**

**Chronic or current health problems:**

**Any major illness (date, diagnosis and treatment):**

**Any previous Hospitalisations (date, diagnosis and treatment):**

**Current Medications (both over the counter and prescription - name, dose, number of times per day, purpose):**

**Prescription for visual/hearing aids (glasses etc) in the event they break or are lost while traveling:**

**Please note any cultural implications or expectations with regards to health diagnosis or treatment:**

**Is there any other information that you wish to give to a health professional in the event of your child needing urgent care?**