BlueCare®
Live life your way.

RESIDENT OUTING ATTENDANCE LIST

To be used for facility organised excursions.

Outing _____

Address of Outing _____

RESIDENT NAME	DOB	URN

STAFF MEMBER

Name _____

Signature _____

Date _____

Time in _____

Time out _____

List to be kept for 56 days and then discarded
Document in RMS if applicable

Version 1 October 27, 2020