Vacation Care Excursion Authorisation Form

Centre: Crestwood

Child 1 Full Name:_____ DOB: _____

Child 2 Full Name:_____ DOB: _____

Child 3 Full Name:_____ DOB: _____

Address:_____

Email Address: _____

Phone Number:

Parent 1: _____ Parent 2: _____

Excursion to:	Quantal Bioscience		
Address:	The King's School, 87-129 Pennant Hills Rd, North Parramatta 2151		
Description of excursion destination:	Children will exit the bus and make their way into the venue where they will be directed by the venue staff as to where to put bags. Children with then participate in proposed activities.		
Proposed activities:	Children will participate in science activities		
Excursion Date:	Tuesday 9th January 2018		
Leave Centre at:	9:00am	**Return by:**	
Method of transport:	HIRED COACH		
Anticipated number of children attending:			35
Anticipated ratio of educators to anticipated number of children attending:			1:8
Anticipated No. of staff and other adults who will accompany and supervise the children:			7

I, (name) _____ being a parent / guardian give permission for (children's full name)

_____

to attend the above excursion as detailed. I am aware that a risk assessment has been prepared for this excursion and is accessible at the Vacation Care Service.

Signature:

_____

Name:

_____

Date:

_____

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Child 2 Full Name:_____ DOB: _____

Child 3 Full Name:_____ DOB: _____

Address:_____

Email Address: _____

Phone Number:

Parent 1: _____ Parent 2: _____

Excursion to:	Reading Cinemas Rouse Hill		
Address:	Rouse Hill Town Centre, 10-14 Market Ln, Rouse Hill NSW 2155		
Description of excursion destination:	Children will enter and make their way to the cinemas and wait in the foyer until they can enter the cinema. Foyer is a wide open space where children will be directed to sit and wait with educators.		
Proposed activities:	Children will watch a movie		
Excursion Date:	Tuesday 16th January 2018		
Leave Centre at:	9:00am	**Return by:**	1:30pm
Method of transport:	HIRED COACH		
Anticipated number of children attending:			56
Anticipated ratio of educators to anticipated number of children attending:			1:8
Anticipated No. of staff and other adults who will accompany and supervise the children:			7

I, (name) _____ being a parent / guardian give permission for (children's full name)

_____

to attend the above excursion as detailed. I am aware that a risk assessment has been prepared for this excursion and is accessible at the Vacation Care Service.

Signature:

_____

Name:

_____

Date:

_____

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Child 2 Full Name:_____ DOB: _____

Child 3 Full Name:_____ DOB: _____

Address:_____

Email Address: _____

Phone Number:

Parent 1: _____ Parent 2: _____

Excursion to:	Strike Bowling & Laser		
Address:	Level 4, Shop 405, Macquarie Centre, Waterloo Rd, North Ryde		
Description of excursion destination:	Children will exit the bus and make their way into the venue. Children will be put into groups for activities and wait until instructed by coach for directions to begin proposed activities.		
Proposed activities:	Children will participate in bowling and laser skirmish activities and arcade games.		
Excursion Date:	Wednesday 24th January 2018		
Leave Centre at:	9:30am	**Return by:**	
Method of transport:	HIRED COACH		
Anticipated number of children attending:			56
Anticipated ratio of educators to anticipated number of children attending:			1:8
Anticipated No. of staff and other adults who will accompany and supervise the children:			7

I, (name) _____ being a parent / guardian give permission for (children's full name)

_____

to attend the above excursion as detailed. I am aware that a risk assessment has been prepared for this excursion and is accessible at the Vacation Care Service.

Signature:

_____

Name:

_____

Date:

_____