



Vacation Care Excursion Authorisation Form

Centre: KILLARNEY VALE

Child 1 Full Name: _____ DOB: _____

Child 2 Full Name: _____ DOB: _____

Child 3 Full Name: _____ DOB: _____

Excursion to:	Movies - TBC		
Address:	Tuggerah Event Cinemas – Wyong Rd, Tuggerah		
Proposed activities:	Children will watch a movie – Movie rating: G/PG Excursion Ratio: 1 Educator to 8 Children		
Excursion Date:	Thursday 18th of April 2019		
Leave Centre at:	9:15am sharp	Return by:	TBC
Method of transport:	HIRED COACH		

Excursion to:	Bateau Bay Ten Pin Bowls		
Address:	470 The Entrance Road, Bateau Ba		
Proposed activities:	Tenpin Bowling Excursion Ratio: 1 Educator to 8 Children		
Excursion Date:	Wednesday 24th of April 2019		
Leave Centre at:	9:30am sharp	Return by:	TBC
Method of transport:	HIRED COACH		

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: _____