



Vacation Care Excursion Authorisation Form

Centre: KELLYVILLE RIDGE

Child 1 Full Name: _____ DOB: _____

Child 2 Full Name: _____ DOB: _____

Child 3 Full Name: _____ DOB: _____

Excursion to:	Movies - TBC		
Address:	Rouse Hill Town Centre, 10-14 Market Lane, Rouse Hill NSW 2155		
Proposed activities:	Children will watch a movie – Movie rating: G/PG Excursion Ratio: 1 Educator to 8 Children		
Excursion Date:	Tuesday 16th of April 2019		
Leave Centre at:	9:00am sharp	Return by:	TBC
Method of transport:	HIRED COACH		

Excursion to:	Kicks Bowling Parramatta Leagues Club		
Address:	No. 1 Eels Place, Parramatta NSW 2150		
Proposed activities:	Tenpin Bowling Excursion Ratio: 1 Educator to 8 Children		
Excursion Date:	Tuesday 23rd of April 2019		
Leave Centre at:	9:15am 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: _____