



**Vacation Care Excursion Authorisation Form**

Centre: VICTORIA AVE

Child 1 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 2 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 3 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>Excursion to:</b>	<b>Movies - TBC</b>		
<b>Address:</b>	Event Cinemas – Burwood Westfield		
<b>Proposed activities:</b>	Children will watch a movie – Movie rating: G/PG Excursion Ratio: 1 Educator to 8 Children		
<b>Excursion Date:</b>	<b>Tuesday 16<sup>th</sup> of April 2019</b>		
<b>Leave Centre at:</b>	9:00am sharp	<b>Return by:</b>	12:30pm
<b>Method of transport:</b>	HIRED COACH		

<b>Excursion to:</b>	<b>King Pin Bowling</b>		
<b>Address:</b>	North Strathfield		
<b>Proposed activities:</b>	Children will participate in the activity of ten pin bowling Excursion Ratio: 1 Educator to 8 Children		
<b>Excursion Date:</b>	<b>Tuesday 23<sup>rd</sup> of April 2019</b>		
<b>Leave Centre at:</b>	9:30am sharp	<b>Return by:</b>	1:30pm
<b>Method of transport:</b>	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: \_\_\_\_\_