**EXCURSION PERMISSION FORM**

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Mackellar Primary School OSHC Delahey</th>
<th>Co-ordinators Name</th>
<th>Wendy Feeley</th>
</tr>
</thead>
</table>

### EXCURSION 1

<table>
<thead>
<tr>
<th>Venue</th>
<th>Kemizo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue Address</td>
<td>844 Cooper St Somerton</td>
</tr>
<tr>
<td>Description of destination</td>
<td>Indoor Play Centre</td>
</tr>
<tr>
<td>Activities at venue</td>
<td>Large Playground, Roller Blading, trampolines, laser tag various other rides.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>30th June 2016</td>
</tr>
</tbody>
</table>

**Transport Details**

- **Departure Time (approx):** 9:00am
- **Return Time (approx):** 3:45pm

**Transport Type**

- [x] Private Charter Bus
- [ ] Public Bus
- [ ] Train
- [ ] Ferry
- [ ] Other (specify) ______________________________

**Educators**

- **Educators Ratio:** 1 to 8 children plus 4 additional needs educators
- **Anticipated number of children:** 30 children
- **Anticipated number of Educators:** 8

**Seat Belts**

- [x] Yes
- [ ] No
- [ ] Not applicable

A risk assessment of this excursion has been conducted.

**PERMISSION EXCURSION 1**

I hereby give permission for my child/children ___________________________ to attend the above excursion and activities organised by the above named service and in the event of any injury or illness to my child while at the excursion or travelling to and from the excursion I authorise the Co-ordinator where it is impractical to contact me, to consent to emergency medical arrangements on my behalf as deemed necessary by a qualified Medical Practitioner. This includes anaesthetics, blood transfusions and operations.

**Parent/Carer Signature** ___________________________  **Date** ___________________________

### EXCURSION 2

<table>
<thead>
<tr>
<th>Venue</th>
<th>Inflatable World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue Address</td>
<td>2 Carrick Drive Tullamarine</td>
</tr>
<tr>
<td>Description of destination</td>
<td>Jumping Castles and slides</td>
</tr>
<tr>
<td>Activities at venue</td>
<td>Slides, jumping castle and a variety of other inflatable jumping activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day</th>
<th>Tuesday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>5th July 2016</td>
</tr>
</tbody>
</table>

**Transport Details**

- **Departure Time (approx):** 9:15am
- **Return Time (approx):** 12:45pm

**Transport Type**

- [x] Private Charter Bus
- [ ] Public Bus
- [ ] Train
- [ ] Ferry
- [ ] Other (specify) ______________________________

**Educators**

- **Educators Ratio:** 1 to 8 children
- **Anticipated number of children:** 35 plus 4 children with additional needs
- **Anticipated number of Educators:** 10

**Seat Belts**

- [x] Yes
- [ ] No
- [ ] Not applicable

A risk assessment of this excursion has been conducted.

**PERMISSION EXCURSION 2**

I hereby give permission for my child/children ___________________________ to attend the above excursion and activities organised by the above named service and in the event of any injury or illness to my child while at the excursion or travelling to and from the excursion I authorise the Co-ordinator where it is impractical to contact me, to consent to emergency medical arrangements on my behalf as deemed necessary by a qualified Medical Practitioner. This includes anaesthetics, blood transfusions and operations.

**Parent/Carer Signature** ___________________________  **Date** ___________________________