

EXCURSION PERMISSION FORM

Service Name

Mackellar Primary School OSHC

Co-ordinator Name

Wendy Feeley

EXCURSION	Venue	Mick's Indoor Jumping centre	Day	Tuesday	Date	10 th July 2018	
	Venue Address	65 Reserve Road Melton	Transport Details				
	Description of Destination	Play centre	Departure Time (approx.)		9.00am		
	Activities at Venue	Playing/Jumping	Arrival Time (approx.)		4.00pm		
	Educators		Transport Type	<input type="checkbox"/> Private Bus Charter <input type="checkbox"/> Public Bus <input type="checkbox"/> Train <input type="checkbox"/> Ferry <input type="checkbox"/> Other (Specify)			
	Educators Ratio	1-8 children Plus additional workers		<hr/> Walking <hr/>			
	Anticipated number of children	30					
	Anticipated number of educators	8					
	A risk assessment of this excursion has been conducted		Seat Belts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

PERMISSION EXCURSION

I hereby give permission for my child/children _____ to attend this 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/Caregiver Signature

Date