

**EXCURSION PERMISSION FORM**

<b>Service Name</b>	Mackellar Primary School OSHC	<b>Co-ordinator Name</b>	Wendy Feeley
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<b>EXCURSION</b>	<b>Venue</b>	Mick's Indoor Jumping centre	<b>Day</b>	Tuesday	<b>Date</b>	10 <sup>th</sup> July 2018	
	<b>Venue Address</b>	65 Reserve Road Melton	<b>Transport Details</b>				
	<b>Description of Destination</b>	Play centre	<b>Departure Time (approx.)</b>		9.00am		
	<b>Activities at Venue</b>	Playing/Jumping	<b>Arrival Time (approx.)</b>		4.00pm		
	<b>Educators</b>		<b>Transport Type</b>	<input type="checkbox"/> Private Bus Charter <input type="checkbox"/> Public Bus <input type="checkbox"/> Train <input type="checkbox"/> Ferry <input type="checkbox"/> Other (Specify)			
	<b>Educators Ratio</b>	1-8 children Plus additional workers		Walking <hr/> <hr/>			
	<b>Anticipated number of children</b>	30					
	<b>Anticipated number of educators</b>	8					
	<b>A risk assessment of this excursion has been conducted</b>		<b>Seat Belts</b>	<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.

<b>Parent/Caregiver Signature</b>		<b>Date</b>	
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