

Authorisation - Excursion

If relevant add below

Note this is a regular outing which means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program, where the circumstances relevant to the risk assessment are the same on each outing.

Time and Date of Proposed Excursion

Destination (s)

Reason for Excursion

Proposed Activities

Route to and from venue

Transportation to and from venue

Period Children will be Away from the Service

Number of Educators Attending _____

Number of Children Attending _____

Ratio of Educators to children _____

Number of Extra Adults Attending _____

Items Children need to take

Please complete this section and return by <insert date>

Child's Full Name _____ Your full name _____

Relationship to Child _____ Current Emergency Contact Number _____

Interested in Volunteering to the Attend the Excursion? Yes No

By signing this Authorisation for Excursion, I agree to and understand the following –

- My child has permission to attend the excursion listed. If it is a regular outing, my child may attend for 12 months after the date listed below, unless I withdraw my consent which I may do at any time
- I am listed on the child's Enrolment Form as a parent/guardian or an authorised person named on the enrolment form
- I have read all the excursion details and understand I can view the Excursion Risk Assessment at the service

Signature

Name (please print)

Date