**Authorisation - Excursion Regular Outing**

Dear Parent/Guardian,

We have organised a regular outing for your child as outlined below. A regular outing means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances and risks are the substantially same on each outing.. If you’re happy for your child to attend the outings, please complete the authorisation below.

**When your child will be taken on the regular outings**

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**Destination (s)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Reason for Excursion**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Proposed Activities**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Means of transport to and from venue and any legal requirements for seatbelts or safety restraints**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Period your child will be away from the Service**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Expected Number of Children Attending**  \_\_\_\_\_\_\_\_\_\_

**Expected Ratio of Educators to Children** \_\_\_\_\_\_\_\_\_\_

**Expected Number of Extra Adults Attending** \_\_\_\_\_\_\_

**Items your child needs to take**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Regular Outing? Yes No**

**By signing this Authorisation for Regular Outing Excursions, I agree to and understand the following –**

* My child has permission to attend the regular outing as described above for 12 months from the date this authorisation is signed unless I withdraw my consent in writing 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 and Excursion Policies and Procedures at the service

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Signature Name (please print) Date