



# QPCYWA Outside School Hours Care Excursion Permission Form

Private & Confidential



## 1. Excursion Details

Date: 18/12/08		Cost: \$12.00	
Destination/Venue: Cineplex Movies - Balmoral			
Estimated time of Departure PCYC	9.00	Estimated time of Arrival Venue	
Estimated time of Departure Venue		Estimated time Arrival PCYC	1.00
Children will be travelling by.			
Bus	xxxx	Mini Bus	
Train		Walking	
Private Vehicle			
Restraints Fitted	Yes	No	

**Please Note. Staff :Child Ratio**  
**Child Care Regulation 2003 Regulation 95 (1) (c)**  
 For children who are at least school age = 1 adult:8 Children  
 For children who are preschool / prep age = 1 adult:4 children  
**During Swimming Excursions Regulation 93(2) (c)**  
 For children who are at least school age:- 1 adult:5 children.  
 For children who are preschool / prep age = 1 adult: 2 children.

## 2. Activities & Routine for the Excursion

Children will be attending the movies at Balmoral as well as playing in the park

## 3. Children will need to bring

**Lunch , enclosed shoes, water bottle and hat.**  
**Please note: Children are not to bring spending money.**

## 4. Parent / Guardian Attendance

I will be attending the Excursion

Yes  No

## 5. Medical Authorisation

I authorise the Staff Member in charge of the Excursion to consent, where it is impracticable to communicate with me to regarding my Child(ren).

Child 1.		Child 2.	
	D.O.B		D.O.B
Child 3.		Child 4.	
	D.O.B		D.O.B

Receiving such medical or surgical treatment as may be deemed necessary & I will cover all costs related to my child's care.  
 If your child will require medication during the excursion please complete a medication form prior to the excursion date.

Parent/Guardian Signature

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Health Cover: Yes / No  
 Number: \_\_\_\_\_

## 6. Emergency Contact Details

**Contact Person 1.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**Contact Person 2.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

## 7. Parent Permission

I hereby give permission for my child(ren)

Child1		Child 2.	
Child3		Child 4.	

To attend the above excursion and activities on the  
 Date \_\_\_\_\_  
 For any additional children please ask one of our staff to provide you with extra forms.

Parent/Guardian Signature

**Office Use Only:**

Payment Received	Medication	Y	N
Entered into Qik kids			