



QPCYWA Outside School Hours Care Excursion Permission Form

Private & Confidential



1. Excursion Details

Date: 13/1/09 Cost: \$10.00

Destination/Venue:
Wynnum Park

Estimated time of Departure PCYC	9.00	Estimated time of Arrival Venue	
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Estimated time of Departure Venue		Estimated time Arrival PCYC	2.00
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Children will be travelling by.

Bus	xxxx	Mini Bus	
Train		Walking	
Private Vehicle			

Restraints Fitted	Yes		No	
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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

Swimming, Scavenger Hunt, Tag games and lunch.

3. Children will need to bring

Lunch, Morning & Afternoon tea, enclosed shoes, water bottle, sunscreen and hat.

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				