



QPCYWA Outside School Hours Care Excursion Permission Form

Private & Confidential



1. Excursion Details

Dates: 15/12/08, 22/12/08 & 19/1/09 Cost: \$5.00

Destination/Venue –
Clem Jones Centre – Zahel Street, Carina

| | | | |
|----------------------------------|------|---------------------------------|--|
| Estimated time of Departure PCYC | 9.00 | Estimated time of Arrival Venue | |
|----------------------------------|------|---------------------------------|--|

| | | | |
|-----------------------------------|--|-----------------------------|-------|
| Estimated time of Departure Venue | | Estimated time Arrival PCYC | 12.30 |
|-----------------------------------|--|-----------------------------|-------|

Children will be travelling by.

| | | | |
|-----------------|--------------------------|----------|--------------------------------------|
| Bus | <input type="checkbox"/> | Mini Bus | <input type="checkbox"/> |
| Train | <input type="checkbox"/> | Walk | <input type="checkbox" value="XXX"/> |
| Private Vehicle | <input type="checkbox"/> | | |

| | | | | |
|------------------|-----|--|----|--|
| Restrains 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 utilising the facilities at the Clem Jones Centre - swimming

3. Children will need to bring

Sand Shoes, Hat, Sun Smart Clothing, Water bottle, Togs and Towel

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. | <input type="text"/> | Child 2. | <input type="text"/> |
| | D.O.B | | D.O.B |
| Child 3. | <input type="text"/> | Child 4. | <input type="text"/> |
| | 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 | <input type="text"/> | Child 2. | <input type="text"/> |
| Child3 | <input type="text"/> | Child 4. | <input type="text"/> |

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 | | | |