



QPCYWA Outside School Hours Care Excursion Permission Form

Private & Confidential



1. Excursion Details			
Date: 30/6/10		No Cost	
Destination/Venue Seven Hills State School			
Estimated time of Departure PCYC	9:00 am	Estimated time of Arrival Venue	
Estimated time of Departure Venue		Estimated time Arrival PCYC	3:00 pm
Children will be travelling by.			
Bus	XXX	Mini Bus	
Train		Walking	
Private Vehicle			
Restraints Fitted	Yes		No
<p>Please Note. Staff :Child Ratio</p> <p>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</p> <p>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.</p>			
2. Activities & Routine for the Excursion			
Cricket Tennis Adventure Playground Personal Planter Tags Lanterns			
3. Children will need to bring			
Hat Wear shoes and socks Morning and Afternoon tea & Lunch Water bottle			
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			