

# Summer Vacation Care 2024 - 2025

## Excursion Authorisation Form



### Newmarket Pool

**Year 1 – Year 2  
(2025)**

**Please note:** All permission forms must be completed and emailed through at the same time that you make your child's booking to confirm your child's position on the excursion. You must have a booking secured for this day via My Family Lounge to be successful with gaining a place on the excursion or on the waitlist. **You will receive a confirmation email of placement within three (3) working days.**

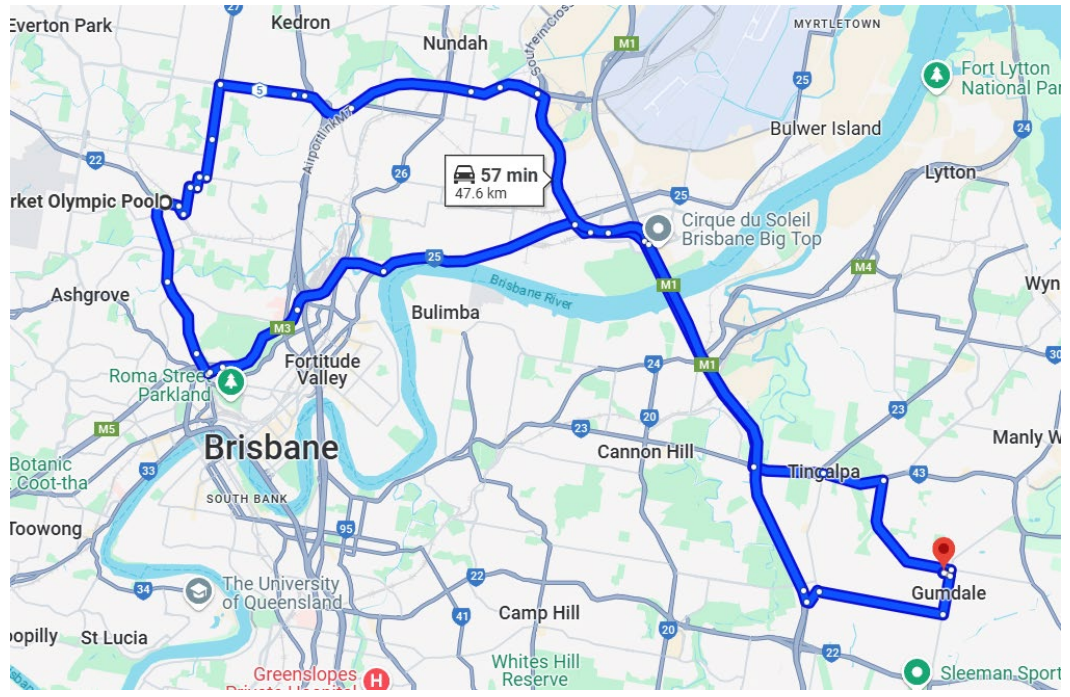
Date of excursion:	Thursday 9 <sup>th</sup> January 2025		
Time departing service:	9:00am (Arrive by: 8:15am)	Estimated time of arrival back at the service:	3:15pm
Is this a regular outing to be conducted at any time throughout the year?			No
<b>Itinerary</b>			
Reason the child is to be taken outside the service premises:	Programmed excursion		
Planned activities:	<p><b>Newmarket Pool</b> – Children will have the opportunity to enjoy swimming, splashing and playing in a safe, supervised environment. They can explore different pools with slides and splash areas, practice their swimming skills, or play games.</p> <p style="text-align: right;"><i>Activity run time: approx. 10:00am – 2:00pm</i></p>		
Additional information or requirements for excursion:	<ul style="list-style-type: none"> <li>• Sun safe swimwear – long sleeve only!</li> <li>• A towel &amp; plastic bag to store wet clothes</li> <li>• Waterproof footwear e.g., crocs, reef shoes, thongs</li> <li>• Broad-brimmed hat</li> <li>• Water bottle</li> <li>• Lunch Box</li> <li>• Enclosed footwear</li> <li>• No trolley/wheelie bags</li> </ul>		
<b>Transportation</b>			
Pick up location and destination(s):	<p><b>Service:</b> Gumdale State School – 677 New Cleveland Road, GUMDALE QLD <i>Estimated travel time: approximately 35 minutes</i></p> <p><b>Destination:</b> Newmarket Olympic Pool – 71 Alderson St, Newmarket QLD 4051 <i>Estimated travel time: approximately 35 minutes</i></p> <p><b>Service:</b> Gumdale State School – 677 New Cleveland Road, GUMDALE QLD</p>		
Means of transport	Town and Country Coaches (seat-belted) private bus		
	Are there multiple means of transport?	No	
	Will seat belts/child restraints will be used?	Yes	

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Proposed route to be taken

*Please note: this route may be modified without notification if deemed required by the bus driver on the day based on weather, traffic, and local incidents.*



## Staffing arrangements

Anticipated number of children/ adults involved in the excursion:

<i>Children:</i>	40
<i>Adults:</i>	8 (Plus 2 x NIR)
<i>Educator:child ratio:</i>	1:5

Responsible Person in Charge during excursion:

Designated person as per roster

Phone number for contacting staff on the excursion:

0439 169 957

*There will always be at least one (1) person with full first aid qualifications including asthma, anaphylaxis and diabetes management on the excursion.*

Requirements carried by staff:

- |   |                              |                                |
|---|------------------------------|--------------------------------|
| ● First aid kit   | ● Mobile phone               | ● Hand sanitiser               |
| ● Medication (including emergency medication), Action Plans & Authority to Administer Forms | ● Sunscreen                  | ● Contact details for children |
|   | ● Excursion permission forms | ● Contact details for adults   |

**Please note:** A detailed risk assessment and management plan has been conducted to ensure the safety and wellbeing of the children during this excursion. This is available at the service upon request. Additionally, the service is guided by excursion and transportation policies.

**A swimming ability form must be completed.**

# Summer Vacation Care 2024 - 2025 Excursion Authorisation Form



<b>Excursion Name:</b>	Newmarket Pool		
<b>Date of excursion:</b>	Thursday 9th January 2025	<b>Grade:</b>	Year 1 - Year 3

### Parent / Guardian Authorisation

I, as *the parent/guardian of* \_\_\_\_\_ [one child per form]  
 have read the details of this excursion and give permission for my child to leave the Gumdale OSHC premises to attend the planned excursion to the location listed above for the purposes of enhancing their learning and connection to the local community.

**Agreement – By ticking the boxes below and signing this form, parents/guardians agree to the following:**

- I confirm that I have **made a booking** via My Family Lounge for this day. Without a booking, I understand that this permission form is null and void.
- I agree to notify the service if my child is **not attending their booked session**. I understand that charges will still apply if absences are marked after the cancellation window of five (5) business days and there are no refunds.
- I understand that I will receive **a generic email the day prior** to all excursions outlining additional information and if my child/ren do not arrive before the **"Arrive By"** time outlined, they may miss out on the experience and charges will still apply.
- I will ensure that my child/ren has a **water bottle** and **wide brimmed hat** for excursions and understand that charges for one or both will be applied to my account if these are not brought on the day.
- I will ensure my child/ren wears the **appropriate sun safe clothes** and **enclosed shoes** (eg: joggers) to excursions. I understand that my child will be provided with a yellow safety vest that must be worn during the duration of the excursion.
- I will ensure my child/ren has packed **appropriate safety attire** and/or relevant additional items for activities where required (e.g. helmet, towel, etc).
- I understand any **medications** that are required to be administered on the day of the excursion will require a medication form to be completed and given along with the labelled medication to the Responsible Person in Charge on the day of the excursion.
- I understand that my child **cannot bring money** on the excursion with the intent to spend it.
- I confirm that the **contact details**, including all emergency contact details, listed on my child's enrolment form are up to date and can be contacted in an emergency.
- In the **event of an injury or emergency**, I acknowledge that the Responsible Person in Charge will attempt to contact me. In an emergency, I authorise the service to obtain all necessary medical assistance including ambulance transport, medication, and hospital admission.
- I have discussed with my child/ren the requirement to follow the service's **behaviour and safety expectations at all times** during their attendance on excursions. Any unsafe actions/ behaviour may result in a review of excursion attendance, participation in centre activities, and **I will be required to collect my child from the excursion destination.**
- I have discussed with my child/ren about their **willingness to participate** in the proposed activities. I understand that if my child does not wish to participate, and it puts the supervision of others at risk, **I will be required to collect my child from the excursion destination.**

*Please note: The service reserves the right to refuse child attendance on excursions for any reason.*

<b>Parent/Guardian Name:</b>			
<b>Contact Number:</b>			
<b>Signature:</b>		<b>Date:</b>	

Office Use Only:	Date booking form received:	Initials of person receiving:	Confirmed booking on the day:	Confirmation email sent:	Booking Number:	Waitlisted:

# Swimming Consent and Ability Form

To be completed by the parent/guardian for the child participating in swimming excursions.  
**Children will not be permitted to participate without a completed and signed consent form.**  
 Please complete a separate form for each child.

Section 1 Child Details			
Child Name:		Date of Birth:	

Section 2 Swimming Ability			
Swimming ability		Comfort level around the water	
	Non-Swimmer (Cannot support themselves in water and/or requires a flotation device)		Uncomfortable
	Novice (Can support themselves in water and are capable of moving short distances, less than 5 metres)		Comfortable
	Intermediate (Can support themselves in deep water and can swim the length of the pool)		Very comfortable
	Advanced (Can support themselves in deep water and can swim many lengths of the pool)		
Additional Comments			

Section 3 Health Support Information			
Does your child have a health care need that could affect their safety in the water?			
NO – (If no, please go to Section 4 – Consent)			
YES – (If yes, please tick the boxes below to show your child's health care needs)			
	Allergies		Heart disorder
	Asthma		Hearing impairment
	Communication difficulties		Incontinence
	Diabetes		Joint disorder
	Ear disorder		Medication
			Seizures / epilepsy
			Skin condition
			Swallowing / choking
			Other (please specify details):
Additional Comments			

Section 4 Consent	
I give my consent for my child named above to participate in swimming or aquatic activities programmed during the Summer Vacation Care program. I understand that OSHC staff will be present and provide supervision for safety, as well as excursion provider staff. <b>I understand that my child must have suitable sun protection (as described on the vacation care program), or they will not be allowed to participate.</b>	
Parent / Guardian Name:	Date:
Parent / Guardian Signature:	____/____/____