

Summer Vacation Care 2024 - 2025

Excursion Authorisation Form



Senior Experience:

Year 4 – Year 7

Breakfast at Wine Gum, Gumdale

(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: | Wednesday 15 th January 2025 | | |
| Time departing service: | 9:00am (Arrive by: 8:15am) | Estimated time of arrival back at the service: | 10:30am |
| Is this a regular outing to be conducted at any time throughout the year? | | | No |
| Itinerary | | | |
| Reason the child is to be taken outside the service premises: | | Programmed excursion | |
| Planned activities: | <p>Wine Gum – Children will have the opportunity to participate in an activity that offers practical life experience, community interaction, and the chance to practice essential skills like navigating traffic and managing money. They will also enjoy breakfast, socialize with their peers, and exercise autonomy in selecting their own food.</p> <p style="text-align: right;"><i>Activity run time: 9:15am – 10:15am</i></p> | | |
| Additional information or requirements for excursion: | <ul style="list-style-type: none"> Children have access to a set price menu to choose from. Vegetarian, vegan, dairy free, gluten free and egg free options are available. | | |
| Transportation | | | |
| Pick up location and destination(s): | <p>Service: Gumdale State School – 677 New Cleveland Road, GUMDALE QLD <i>Estimated travel time: approximately 10 minutes</i></p> <p>Destination: Wine Gum – 13/682 New Cleveland Road, GUMDALE QLD <i>Estimated travel time: approximately 10 minutes</i></p> <p>Service: Gumdale State School – 677 New Cleveland Road, GUMDALE QLD</p> | | |
| Means of transport | Walking | | |
| | Are there multiple means of transport? | Not applicable | |
| | Will seat belts/child restraints will be used? | Not applicable | |

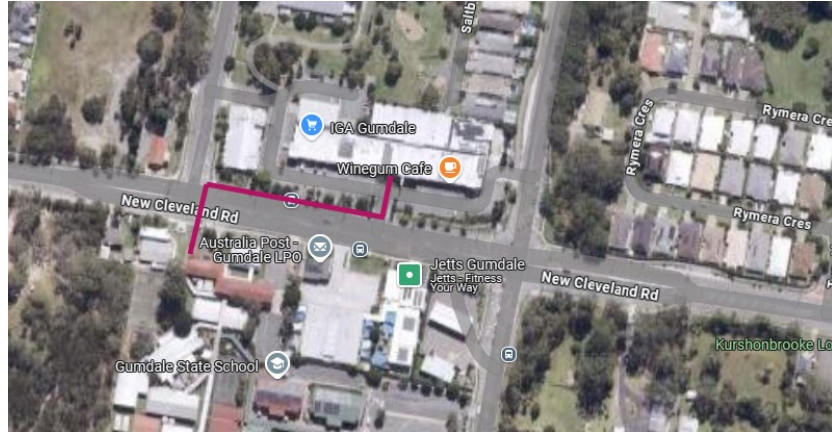
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Proposed route to be taken

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:

| | |
|-----------------------|------|
| Children: | 20 |
| Adults: | 2 |
| Educator:child ratio: | 1:10 |

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.

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| | | | |
|---------------------------|--------------------------------|---------------|-----------------|
| Excursion Name: | Breakfast at Wine Gum, Gumdale | | |
| Date of excursion: | Wednesday 15th January 2025 | Grade: | Year 4 - Year 7 |

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.

| | | | |
|------------------------------|--|--------------|--|
| Parent/Guardian Name: | | | |
| Contact Number: | | | |
| Signature: | | Date: | |

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