Summer Vacation Care 2024 - 2025

Excursion Authorisation Form



Gold Coast Aqua Park & Broadwater Parklands

Year 4 – Year 7 (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:	Tuesday 14 th January 2025				
Time departing service:	8:30am (Arrive by: 7:45am) Estimated time of arrival back at the service: 3:00pm				
Is this a regular outing to be conducted at any time throughout the year?					
Itinerary					
Reason the child is to be taken outside the service premises: Programmed excursion					

Planned activities:

Gold Coast Aqua Park – The children will navigate a huge inflatable obstacle course on the water. They can climb, slide, bounce and jump across various floating structures, including slides, trampolines and balance beans. The park provides a fun, challenging environment where children can test their agility, teamwork and balance skills while staying cool and active.

Activity run time: 10:00am – 11:40am

Broadwater Parklands – The children will eat their lunch and then have their choice of free play on the large playground with climbing structures, slides and swings, or cool off at the water play area with interactive fountains and water jets.

Activity run time: 12:00pm - 2:30pm

Additional information or requirements for excursion:

- Sun safe swimwear long sleeve only!
- A towel & plastic bag to store wet clothes
- Waterproof footwear e.g., crocs, reef shoes, thongs
- Broad-brimmed hat
- Water bottle
- Lunch Box

Transportation					
Pick up location and destination(s):	Service: Gumdale State School – 677 New Cleveland Road, Gumdale QLD				
and destination(s).	Estimated travel time: approximately 60 minutes				
	Destination: Gold Coast Aqua Park – Marine Parade, Southport QLD				
	Estimated travel time: approximately 0 minutes				
	Destination: Broadwater Parklands – Marine Parade, Southport QLD				
	Estimated travel time: approximately 60 minutes				
	Service: Gumdale State School – 677 New Cleveland Road, Gumdale QLD				
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			

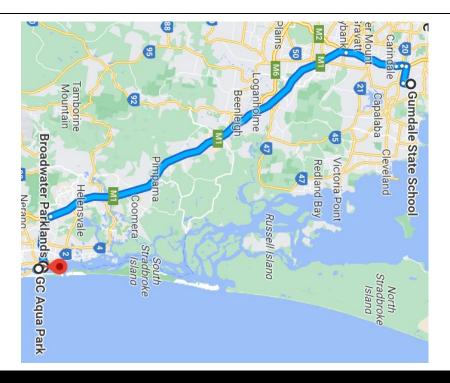
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Proposed route to be taken

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:

Children:	30
Adults:	6 (Plus 2 x NIR)
Fducator child ratio	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
- Medication (including emergency medication), Action Plans & Authority to Administer Forms
- Mobile phone
- Sunscreen
- Excursion permission forms
- Hand sanitiser
- Contact details for children
- 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.

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Excursion Authorisation Form



Excursion Name:	Gold Coast Aqua Park & Broadwater Parklands								
Date of excursion:	of excursion: Tuesday 14th 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:									
	O I confirm that I have <u>made a booking</u> 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 still apply if absences	I agree to notify the service if my child is <u>not attending their booked session</u> . 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.								
and if my child/ren de	I understand that I will receive <u>a generic email the day prior</u> 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.								
O I will ensure that charges for one or bo	my child/ren has th will be applied	a <u>water bottle</u> and <u>wid</u> to my account if these a	e brimmed hat for e not brought on the	excursions a e day.	nd understand that				
		the appropriate sun s will be provided with a yel							
O I will ensure my where required (e.g. h		cked appropriate safety).	attire and/or releva	ınt additional	items for activities				
medication form to be	I understand any <u>medications</u> 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.								
O I understand that	my child cannot	bring money on the exc	ursion with the inten	t to spend it.					
I confirm that the <u>contact details</u> , including all emergency contact details, listed on my child's enrolment form are up to date and can be contacted in an emergency.									
O 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 <u>behaviour and safety expectations</u> <u>at all times</u> during their attendance on excursions. Any unsafe actions/ behaviour may result in a review of excursion attendance, participation in centre activities, and <u>I will be required to collect my child from the excursion destination.</u>									
O I have discussed with my child/ren about their <u>willingness to participate</u> 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 Nam	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:

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.

Sect	ion 1	Child Deta	ils					
Child Name:					Date of Birth:	:		
<u> </u>			A 1 *!!*					
Sect	ion 2	Swimming	Ability					
Swim	ming ability					Comfo water	ort level around the	
	Non-Swimme	r (Cannot suppo	rt themselves in wa	ater and/or requires a flotation device	e)		Uncomfortable	
	Novice (Can s	upport themselv	es in water and are	e capable of moving short distances, l	ess than 5 metr	res)	Comfortable	
	Intermediate	(Can support th	emselves in deep w	vater and can swim the length of the p	oool)		Very comfortable	
	Advanced (Ca	n support them	selves in deep wate	er and can swim many lengths of the p	oool)			
Addit	ional Comment	s				l		
Sect	ion 3	Health Sup	port Informat	tion				
Does	your child have	a health care n	eed that could affe	ect their safety in the water?				
	NO – (If no, pled	ase go to Section	4 – Consent)					
,	YES – (If yes, ple	ease tick the box	es below to show y	our child's health care needs)				
	Allergies			Heart disorder	S	Seizures / epile	epsy	
	Asthma			Hearing impairment	S	Skin condition		
	Communicat	munication difficulties Incontinence Swallowing / choking				hoking		
	Diabetes			Joint disorder	C	Other (please specify details):		
	Ear disorder			Medication		,		
Addit	ional Comment	s						
Sect	ion 4	Consent						
I unde	erstand that OSI	HC staff will be p	resent and provide	e in swimming or aquatic activities pro supervision for safety, as well as excu tion care program), or they will not b	ırsion provider s	staff. I unders		
Paren	nt / Guardian Na	ame:				Date:		
Paren	nt / Guardian Sig	gnature:						

Swimming Ability Form: V1 Last Reviewed: November 2021