

AUTHORISATION FOR EXCURSION - (REGULAR OUTING)

Child/ren's Name:								
Day	Reason for outing and proposed activities	Destination & Address	Approximate Time of Outing and Duration	Method of transport	No. of children	Ratio of educator to children	No. of educator/parents/volunteers	Risk Assessment (Date completed and Risk Assessment #)
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday	School Run	School: _____	0800hrs-0845hrs 1500hrs-1530hrs	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk				
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday	Reading, Playing board games & Homework	Library: _____	<input type="checkbox"/> 1000hrs & 2 hours <input type="checkbox"/> 1600hrs & 2 hours	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk				
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Friday	Playing Physical Activity/ Picnic	Park: _____	<input type="checkbox"/> 1000hrs & 2 hours <input type="checkbox"/> 1600hrs & 2 hours	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk				
Saturday & School Holidays (Mon- Fri)	Reading, Playing board games & Homework	Library: _____	1030hrs & 3 hours	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk				
Saturday & School Holidays (Mon- Fri)	Playing Physical Activity/ Picnic	Park: _____	1030hrs & 3 hours	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk				
Saturday & School Holidays (Mon- Fri)	Play Groups	Park: _____	1030hrs & 3 hours	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk				
Any special treatment/medication required for child/ren:			Yes / No					

Name of Educator:				
Contact number of Educator:	(H)		(M)	
PARENT/GUARDIAN: I hereby give my consent for the Educator to take my child/ren to the regular outings listed and outlined above.				
Parent/ Guardian:	Name:	Signature:	Date:	
Contact number of Parent/Guardian:	(H)	(W)	(M)	
EDUCATOR: I hereby declare that the above information pertaining to the 2018 Authorisation Excursion – Regular Outing Form and all Risk Management Plans are true and correct.				
Educator	Name:	Signature:	Date:	

**Coordination Unit
07 3416 0286
(9.00am – 5.00pm)
0423131861**

(Emergency and After-Hours Contact)

Coordination Unit Copy

Educator's Copy

Parent/Guardian Copy
(if requested)

Reference: Education and Care National Regulations 2011 Regulations 102 – Authorisations for excursions

- A **Regular Outing** relates to an Excursion that is carried out on a regular basis. i.e regular within a one (1) month timeframe.
- Authorisation from Parent/Guardians must be obtained **PRIOR** to the excursion. Both parent and educator must complete and sign this form. Children may only be taken on the regular outing **AFTER** the parent/guardian has signed this form and an Excursion Risk Management Plan (*form CBFDC/CU/46*) has been completed for each destination.

NOTE:

- All Educators have current First Aid Qualification
- Ratios – 1 Educator for 4 children under preschool age or 7 children under 13yrs with no more than 4 children under preschool age
- All relevant documents pertaining to the Educator's Car Registration and Child Restraint checks are obtained by the Coordination Unit with a copy of the Educator's Drivers License also being retained at the Coordination Unit.