

Pebbles Family Day Care Excursion Authorisation Form

Excursion details			
Date(s) of excursion	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thus <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Excursion destination:	<input type="checkbox"/> Park: _____ <input type="checkbox"/> Library: _____ <input type="checkbox"/> Playgroup: _____ <input type="checkbox"/> School: _____
Departure and arrival times	<input type="checkbox"/> 1000hrs <input type="checkbox"/> 1010hrs <input type="checkbox"/> 1500hrs <input type="checkbox"/> 1510hrs <input type="checkbox"/> 0900hrs <input type="checkbox"/> 0910hrs <input type="checkbox"/> 1030hrs <input type="checkbox"/> 1045hrs		
Proposed activities	<input type="checkbox"/> Outdoor activity <input type="checkbox"/> Physical activity <input type="checkbox"/> Enhance interaction skill <input type="checkbox"/> Gain Self Confident <input type="checkbox"/> Explore Environment <input type="checkbox"/> Picnic <input type="checkbox"/> Explore Books <input type="checkbox"/> Reading <input type="checkbox"/> Enhance Social skill <input type="checkbox"/> Homework/Study	Water hazards? Yes / No If yes, detail in risk assessment below.	
Method of transport, including proposed route	<input type="checkbox"/> Car <input type="checkbox"/> Mini Bus <input type="checkbox"/> Walk Route: <input type="checkbox"/> Home – Library & Library – Home <input type="checkbox"/> Home – Park & Park – Home <input type="checkbox"/> Home – School & School – Home		
Name of excursion Coordinator/Educator	Coordinator: Cassidy Nkonde Educator: _____		
Contact number of excursion Coordinator	(BH) 07 3416 0286		(M) 0423 131 861
Number and names of children attending excursion	1. _____ 4. _____ 7. _____ 2. _____ 5. _____ 3. _____ 6. _____		
Educator children Ratio 1-7			
Excursion checklist			
<input type="checkbox"/> First aid kit	<input type="checkbox"/> List of adults participating in the excursion		
<input type="checkbox"/> List of children attending the excursion	<input type="checkbox"/> Contact information for each adult		
<input type="checkbox"/> Contact information for each child	<input type="checkbox"/> Mobile phone / other means of communicating with the service & emergency services		
<input type="checkbox"/> Medical information for each child	<input type="checkbox"/> Other items, please list		

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Risk assessment					
Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When
<input type="checkbox"/> Running	Trip & Fall	Yes	Supervise	Educator	All the Time
<input type="checkbox"/> Jumping	Trip & Fall	Yes	Supervise	Educator	All the Time
<input type="checkbox"/> Reading	Fall	Yes	Supervise	Educator	All the Time
<input type="checkbox"/> Playing	Trip & Fall	Yes	Supervise	Educator	All the Time
<input type="checkbox"/> Climbing	Trip & Fall	Yes	Supervise	Educator	All the Time
<input type="checkbox"/> Picnic	Trip & Fall	Yes	Supervise	Educator	All the Time

Plan prepared by:			
Prepared in consultation with:			
Communicated to:			
Venue and safety information reviewed and attached	Yes / No Comment if needed:		
Reminder: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or significant change occurs.			

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1. Is the Excursion a regular outing? Yes / No

Destinations: _____

2. Reason for Excursion :

3. Number of Adults Involved and the Anticipated Ratio of Adults – Number of Children Involved:

Number of adult: _____ Number of children: _____ Ratio: _____

4. Updated Emergency Details (if Different for the Child's Enrolment Form):

Signing the Authorisation for Excursion form, I agree to and Understand the following, my child/ Children has my permission to attend Excursion listed. If Excursion is a regular outing, my child/ Children have the permission to attend for 12 Month after the date listed below. I am listed child/children Enrolments form as a parent or Authorised Nominee. I have read all of the details provided by the service and understand that I can access the Excursion Risk Assessment at the service. I give permission to the educator to seek emergency medical, hospital or ambulance services in case of an emergency illness/injury to my child while on excursion and agree to pay to costs. The contacts details, including all emergency contact details, listed on my child/children enrolments from are up to date. If not, I have the updated contact details above.

Parent Name: _____

Coordinator: _____

Signature: _____

Nominated Supervisor: _____

Date: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Approval : YES / NO