

**PLEASE BOOK CAREFULLY AS DAYS BOOKED CAN NOT BE CANCELLED**

**April Booking Form**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 15th**7:00-6:15pm  | **Tuesday 16th**7:00-6:15pm Excursion Consent Form  | **Wednesday 17th**7:00-6:15pm  | **Thursday 18th** 7:00-6:15pExcursion Consent Form  Flip-out Waiver From | **Friday 19th**7:00-6:15pm  |
| **Child 1** | NameLunch | NameLunch  | NameLunch | NameLunch | **CLOSED** |
| **Child 2** | NameLunch | NameLunch  | NameLunch | NameLunch | **PUBLIC** |
| **Child 3** | NameLunch | NameLunch  | NameLunch | NameLunch | **HOLIDAY** |
| **Child 4** | NameLunch | NameLunch  | NameLunch | NameLunch |  |
| **Week**  **2** | **Monday 22nd** 7:00-6:15pm  | **Tuesday 23rd**  7:00-6:15pm Face Painting Consent  | **Wednesday 24th** 7:00-6:15pm Excursion Consent Form  | **Thursday 25th**  7:00-6:15pm  | **Friday 26th** 7:00-6:15pm  |
| **Child 1** | **CLOSED** | NameLunch  | NameLunch | **CLOSED** | NameLunch |
| **Child 2** | **PUBLIC** | NameLunch  | NameLunch | **PUBLIC** | NameLunch |
| **Child 3** | **HOLIDAY** | NameLunch  | NameLunch | **HOLIDAY** | NameLunch |
| **Child 4** |  | NameLunch  | NameLunch |  | NameLunch |

**Please note that planned excursions maybe cancelled prior if deemed unsafe for the children and staff such as extreme weather conditions.**

**PLEASE REMEMBER YOUR CHILD NEEDS A DRINK BOTTLE AND THEY HAVE ENCLOSED FOOTWEAR**

**Staff supervising excursions will use the MEDICAL and EMERGENCY CONTACT INFORMATION you have already provided to the Vacation Care Program. In the interests of accuracy please ensure that any relevant updates have been provided to OSHC. Members of the excursion staff are responsible for the management of basic first aid. Please contact the Director or Assistant Director as soon as possible if you think your child may need additional health care support. Sufficient time is needed to arrange extra assistance for health support.**

**Agreement**

* I agree to delegate my authority to excursion staff. Excursion staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of students/children as a group and individually.
* In the event of any serious misbehaviour on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child’s return.
* In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the staff member-in-charge to arrange whatever medical or surgical treatment a registered practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
* In the event of an accident or illness I consent to my child being transported to a hospital/medical/dental clinic by an excursion staff member in a school/private car or by ambulance if deemed necessary by staff.
* I have provided all information necessary for the school to plan safe and reasonable health care support my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
* I consent to my child’s doctor or medical specialist being contacted by medical personnel in an emergency.
* I agree that the information that has been given is up to date and accurate.
* I agree to my child participating in the programmed activities and view the programmed movies.
* I understand that the ratio of educator to child is 1:8 when on excursion, reaching up to 64 children.
* I understand that it is compulsory for my child to attend excursions if they are booked in on an excursion day.
* I understand if I change my mind about the lunch option I have pre-selected for my child I will be charged an additional $3 for an alternative to be given.

 Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent Forms**

**Parent/Guardian Consent Piccadilly Cinema (Excursion Activity)**

As a parent/guardian to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent for him/her/them to participate in:

The visit to **Piccadilly Cinema** on **Tuesday 16th April 2019**. I understand children will be travelling to the excursion by a Private Bus Company. A risk assessment for the excursion has been completed.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Consent Face Painting (Incursion Activity)**

As a parent/guardian to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent for him/her/them to have their face painted on **Wednesday 17th April 2019.** A risk assessment for the excursion has been completed.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Consent Flip Out Munno Para (Excursion Activity)**

As a parent/guardian to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent for him/her/them to participate in:

The visit to **Flip Out** on **Thursday 18th April 2019.** I understand children will be travelling to the excursion by a Private Bus Company. A risk assessment for the excursion has been completed.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Consent Warriparinga Living Kaurna Cultural Centre (Excursion Activity)**

As a parent/guardian to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent for him/her/them to participate in:

**Warriparinga Living Kaurna Cultural Centre** on **Wednesday 24rd April 2019**. I understand children will be travelling to the excursion by a Private Bus Company. A risk assessment for the excursion has been completed.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**