

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

**December Booking Form**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 16th**  7:00-6:15pm  Excursion Consent Form | **Tuesday 17th**  7:00-6:15pm  Face Painting Consent  Form | **Wednesday 18th**  7:00-6:15pm | **Thursday 19th**  7:00-6:15p  Excursion Consent Form | **Friday 20th**  7:00-6:15pm |
| **Child 1** | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice |
| **Child 2** | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice |
| **Child 3** | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice |
| **Child 4** | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice | Name  Lunch Choice |

**Remember on excursions to wear closed-in shoes and bring your drink bottle**

**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.**

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

**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 an 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 that 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 The Ice Arena 23 James Congdon Drive Thebarton SA (Excursion Activity)**

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

The visit tothe **Ice Arena** on **Monday 16th December 2019**. I understand children will be travelling to the excursion by a Private Bus Company. The bus will depart OSHC at 9.15am and arrive at the Ice Arena at approx. 10.00am. The children will be ice skating. Lunch will be at the venue consisting of Chicken nuggets, chips and a drink. Depart the Ice Arena 12.45pm arrive at OSHC approx. 1.30pm. A risk assessment for the excursion has been completed. I have read the details of the excursion included in the program.

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

**Parent/Guardian Consent Face Painting and Dress-up for Christmas Craft, Food and Fun Day**

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

Face painting (OSHC staff will apply face paint), and dress-up on **Tuesday 17th December 2019.**

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

**Parent/Guardian Consent Morialta Conservation Park Morialta Falls Road Woodforde SA (Excursion Activity)**

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

The visit to Morialta Conversation Parkon **Thursday 19th December 2019.**  I understand children will be travelling to the excursion by a Private Bus Company. The children will have the opportunity to play in the playground, play with sports equipment and walk along an “easy walk path”. The bus will depart OSHC 8.00am and arrive atMorialta at approx. 8.30am. Lunch at the venue, BBQ. The bus will depart Morialta 1.00pm and arrive at OSHC approx. 1.30pm. A risk assessment for the excursion has been completed. I have read the details of the excursion included in the program.

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