

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

**January Booking Form**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 6th**7:00-6:15pm  | **Tuesday 7th**7:00-6:15pm Excursion Consent Form  | **Wednesday 8th**7:00-6:15pm Activity Consent Form  | **Thursday 9th** 7:00-6:15pExcursion Consent Form  | **Friday 10th**7:00-6:15pm  |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
| **Week**  **2** | **Monday 13th** 7:00-6:15pm  Excursion Consent Form  | **Tuesday 14th**  7:00-6:15pm | **Wednesday 15th** 7:00-6:15pm Face Painting Consent Form  | **Thursday 16th**  7:00-6:15pm Excursion Consent Form  | **Friday 17th** 7:00-6:15pm  Activity Consent Form  |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  | NameLunch |

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| **Week**  **3** | **Monday 20th**7:00-6:15pm  | **Tuesday 21st** 7:00-6:15pm  | **Wednesday 22nd**7:00-6:15pm Excursion Consent Form  | **Thursday 23rd**  7:00-6:15pExcursion Consent Form  | **Friday 24th**7:00-6:15pm  |
|  | NameLunch  | NameLunch  | NameLunch  | NameLunch  | NameLunch |
|  | NameLunch  | NameLunch  | NameLunch  | NameLunch  | NameLunch |
|  | NameLunch  | NameLunch  | NameLunch  | NameLunch  | NameLunch |
|  | NameLunch  | NameLunch  | NameLunch  | NameLunch  | NameLunch |

**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 Gawler Cinema 11 Murray St Gawler (Excursion Activity)**

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

The visit to **Gawler Cinema, Gawler** on **Tuesday 7th January 2020**. I understand children will be travelling to the excursion by Private Bus. The bus will depart OSHC at 8.30am and arrive at Gawler Cinema at approx. 9.30am. The children will be watching a movie **Spies in Disguise** and have a drink and popcorn at the venue. The bus will depart Gawler Cinema at approx. 11.30am and return to OSHC at approx. 12.30pm. I have read the details for the excursion on the program. We anticipate 64 children will share the excursion with 8 staff members supervising. A risk assessment for the excursion has been completed

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

**Parent/Guardian Consent Slip and Slide (Incursion Activity)**

As a parent/guardian to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent for him/her/them to participate in the **slip and slide activity** on **Wednesday the 8th January 2020**. A risk assessment for the activity has been completed.

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

**Parent/Guardian Consent Barossa Bowland 89 Menge Rd Tanunda Consent (Excursion Activity)**

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

A visit to **Barossa Bowland, Tanunda** on **Thursday 9th January 2020**. I understand children will be travelling to the excursion by Private Bus. The bus will depart OSHC at 9.15am and arrive at Bowland at approx. 10.00am. The children will be playing mini golf, a game of bowling and eating recess and lunch at the venue. The bus departs Bowland at 1.30pm and return to OSHC at approx. 2.15pm. I have read the details for the excursion on the program. We anticipate 64 children will share the excursion with 8 staff members supervising. A risk assessment for the excursion has been completed.

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

**Parent/Guardian Consent Inflatable World 10-14 Clayson Rd Salisbury East Consent (Excursion Activity)**

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

The Visit to **Inflatable World,** **Salisbury East** on **Monday 13th January 2020**. I understand children will be travelling to the excursion by Private Bus. The bus will depart OSHC at 9.15am and arrive at Inflatable World at approx. 9.45am. The children will play on the inflatable equipment and have recess at the venue. The bus will depart Inflatable world at 12.15pm and arrive back at OSHC at approx. 12.45pm. I have read the details for the excursion on the program. We anticipate 64 children will share the excursion with 8 staff members supervising. A risk assessment for the excursion has been completed.

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

**Parent/Guardian Consent Face Painting and Dress-up for Superhero Dress-Up Day (Incursion Activity)**

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 **Wednesday 15th January 2020.**

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

**Consent Forms (continued)**

**Parent/Guardian Consent Monarto Safari Park Old Princes Hwy, Monarto South (Excursion Activity)**

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

A visit to **Monarto Safari Park**, **Monarto South** on **Thursday 16th January 2020**. I understand children will be travelling to the excursion by Private Bus. The bus will depart OSHC at 8.15am and arrive at Monarto Safari Park at approx. 9.45am. The children will be touring the park in the bus with a tour guide and educators. Recess and lunch will be at the venue. The bus will depart Monarto Safari Park at 1.45pm and return to OSHC at approx. 3.15pm. I have read the details for the excursion on the program. We anticipate 64 children will share the excursion with 8 staff members supervising. A risk assessment for the excursion has been completed.

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

**Parent/Guardian Consent Slip & Slide Water Castle (Incursion Activity)**

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

The **Slip & Slide Water Castle** on **Friday 17th January 2019.** A risk assessment for the incursion has been completed.

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

**Parent/Guardian Consent Hahndorf Farm Barn 2282 Mount Barker Rd Hahndorf (Excursion Activity)**

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

The visit to **Hahndorf Farm Barn, Hahndorf** on **Wednesday 22nd January 2020**. I understand children will be travelling to the excursion by Private Bus. The bus will depart OSHC at 8.50am and arrive at Hahndorf Farm Barn at approx. 10.00am. The children will be engaging in a hands-on fun farm program and will have recess and lunch at the venue. The bus will depart Hahndorf Farm Barn at 1.30pm and return to OSHC at approx. 2.45pm. I have read the details for the excursion on the program. We anticipate 64 children will share the excursion with 8 staff members supervising. A risk assessment for the excursion has been completed.

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

**Parent/Guardian Consent Tea Tree Gully Gymsports 88 Elizabeth St Banksia Park** **(Excursion Activity)**

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

The visit to **Tea Tree Gully Gymsports** on **Thursday 23nd January 2020**. I understand children will be travelling to the excursion by a Private Bus Company. The bus will depart OSHC at 8.30am and arrive at Tea tree Gully Gymsports at approx. 9.00am. The children will participate in gymnastics coaching session by a certified instructor whilst supervised by OSHC educators and have recess at the venue. The bus will depart Tea Tree Gully Gymsports at 12.00pm and return to OSHC at approx. 12.30pm. I have read the details for the excursion on the program. We anticipate 64 children will share the excursion with 8 staff members supervising. A risk assessment for the excursion has been completed.

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