

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

**Booking Form December 2020**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 14th**  7:00-6:15pm | **Tuesday 15th**  7:00-6:15pm  Excursion Consent Form | **Wednesday 16th**  7:00-6:15pm | **Thursday 17th**  7:00-6:15p  Excursion Consent Form | **Friday 18th**  7:00-6:15pm |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |
| **Week**  **2** | **Monday 21st**  7:00-6:15pm  Excursion Consent Form | **Tuesday 22nd**  7:00-6:15pm  **Incursion Consent Form** | **Wednesday 23rd**  7:00-6:15pm  Excursion Consent Form | **Thursday 24th**  7:00-6:15pm | **Friday 25th**  **CLOSED** |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |  |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |  |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |  |
|  | Name  Lunch | Name  Lunch | Name  Lunch | Name  Lunch |  |

**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.**

**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 consent to my child viewing 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 Morialta Nature Playground (Excursion Activity)**

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

The visit to **Morialta Nature Playground** on **Tuesday 15th December 2020** I understand children will be travelling to the excursion by a Private Bus Company. The bus will depart OSHC at 9.00am. While at Morialta, children will be playing on the nature play playground and have a BBQ lunch cooked at the venue (weather permitting). While toilet access is public, staff will monitor children using the toilets and ensure toilets are empty upon children’s use. The bus will return to OSHC at approximately 1.30pm. We anticipate up to 64 children will share the excursion with a staff ratio of 1:8 for supervising purposes. A risk assessment for the excursion has been completed and COVID-safe practices will be followed.

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

**Parent/Guardian Consent Elizabeth Bowland Excursion Activity)**

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

The visit to **Elizabeth Bowland** on **Thursday 17th December 2020** I understand children will be travelling to the excursion by a Private Bus Company. The bus will depart OSHC at 9.30am. While at Bowland, children will complete rotations of bowling and mini golf. While toilet access is public, staff will monitor children using the toilets and ensure toilets are empty upon children’s use. The bus will return to OSHC at approximately 12.00pm. A risk assessment for the excursion has been completed and a COVID-safe plan has been provided.

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

**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 **Monday 21st December 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 **TBA** 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 up to 64 children will share the excursion with a staff ratio of 1:8 for supervising purposes. A risk assessment for the excursion has been completed and a COVID-safe plan has been provided.

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

**Parent/Guardian Consent Christmas Jumping Castle (Incursion Activity)**

As a parent/guardian to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent for him/her/them to participate in the **Jumping Castle** activity on **Tuesday 22nd** **December 2020.** The jumping castle will be available for use between 9.30am and 3.30pm in the Hall (Greenwith Community Centre). Children will need to be wearing socks to go on the jumping castle. A risk assessment for the incursion has been completed and COVID-safe practices will be applied.

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

**Parent/Guardian Consent Nutcracker Performance Arts Theatre Adelaide (Excursion Activity)**

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

A visit to **The Nutcracker Performance Arts Theatre Adelaide** on **Wednesday 23rd December 2020**. I understand children will be travelling to the excursion by a Private Bus. The bus will depart OSHC at 9.30am. Children will have recess at the venue and be seated during the performance. The bus will return to OSHC at approximately 12.30pm. A risk assessment for the excursion has been completed and a COVID-safe plan provided.

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