

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

**Booking Form January 2021**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 11th**  7:00-6:15pm | **Tuesday 12th**  7:00-6:15pm  Excursion Consent Form | **Wednesday 13th**  7:00-6:15pm  **Incursion Consent Form** | **Thursday 14th**  7:00-6:15p  Excursion Consent Form | **Friday 15th**  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 18th**  7:00-6:15pm | **Tuesday 19th**  7:00-6:15pm  Excursion Consent Form | **Wednesday 20th**  7:00-6:15pm | **Thursday 21st**  7:00-6:15pm  Excursion Consent Form | **Friday 22nd**  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 |

**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 Inflatable World Salisbury East** **(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 **Tuesday 12th January 2021**. 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 12.00pm and arrive back at OSHC at approx. 12.45pm. I have read the details for the excursion on the program. We anticipate up to 64 children will share the excursion with 8 staff members supervising as per the 1:8 staff/child ratio. A risk assessment for the excursion has been completed and a COVID-safe plan provided.

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

**Parent/Guardian consent Wet and Wild Day (Incursion Activity)**

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

The **Double Lane Splash Slide** on **Wednesday 13th January 2021.** The water slide will be available for use between 9.30am and 3.30pm on the grass area (weather and UV rate permitting). Hats will be worn, and sunscreen will be applied to children (children with sensitivities should be encouraged to bring their own sunscreen). A short or rashie should also be worn for sun protection, and a change of clothes for after water slide use. A risk assessment for the incursion has been completed and COVID-safe practices will be followed.

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

**Parent/Guardian Consent Roller Skating at Ingle Farm Recreation Centre (Excursion Activity)**

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

The visit to **Roller Skating Ingle Farm Recreation Centre** on **Thursday 14th January 2021.** I understand children will be travelling to the excursion by a Private Bus Company. The bus will depart OSHC at 9.00am and upon arrive at the venue, children will eat recess. Children should be wearing socks to participate in roller skating. Roller skates will be supplied at the venue; however, children are responsible for any skates brought from home. The bus will depart the recreation centre at 12.00pm and return to OSHC at approximately 12.30pm. We anticipate up to 64 children will share the excursion with 8 staff members supervising as per the 1:8 staff/child ratio. A risk assessment for the excursion has been completed and a COVID-safe plan provided.

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

**Parent/Guardian Consent Adelaide Zoo (Excursion Activity)**

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

A visit to the **Adelaide Zoo** on Tuesday the 19th January 2021. I understand children will be travelling to the excursion by a Private Bus. The bus will leave OSHC at 8.45am. Students will explore the zoo with staff in small groups. While toilets have public access, staff will monitor toilets when of use. The bus will depart the zoo at 12.30pm and return to OSHC at approximately 1.30pm. We anticipate up to 64 children will share the excursion with 8 staff members supervising as per the 1:8 staff/child ratio. A risk assessment for the excursion has been completed as well as a COVID-safe plan provided.

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

**Parent/Guardian Consent Moana 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 **Moana Performance Arts Theatre Adelaide** on **Thursday 21st January 2021**. I understand children will be travelling to the excursion by a Private Bus. The bus will depart OSHC at 9.00am. We anticipate up to 64 children will share the excursion with 8 staff members supervising as per the 1:8 staff/child ratio. Children will have recess at the venue and be seated during the performance. The bus will return to OSHC at approximately 12.30pm. We anticipate up to 64 children will share the excursion with 8 staff members supervising as per the 1:8 staff/child ratio. A risk assessment for the excursion has been completed and a COVID-safe plan provided.

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