

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

**Booking Form September/October 2021**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 27th**7:00-6:15pm Bouncy Castle Day Incursion  | **Tuesday 28th**7:00-6:15pm Bowling & Mini GolfExcursion Consent Form   | **Wednesday 29th**7:00-6:15pm Dress Up Day Service Based Day | **Thursday 30th** 7:00-6:15pm Craft Day Service Based Day  | **Friday 1st**7:00-6:15pm Wheels Day Service Based Day |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
| **Week**  **2** | **Monday 4th**PublicHolidayOSHC is Closed | **Tuesday 5th** 7:00-6:15pm Wizzbang Fun Day Excursion Consent Form  | **Wednesday 6th**7:00-6:15pm Athletics at OSHC Service Based Day | **Thursday 7th** 7:00-6:15pm Games DayService Based Day | **Friday 8th**7:00-6:15pm Shrek Excursion Consent Form  |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  | NameLunch |
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**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 including (G) and (PG) titles.
* 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 that my child must be at OSHC at the designated time to participate in a planned excursion/incursion activity.
* 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 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** **1 Winterslow Rd, Edinburgh North** is on **Tuesday 28th September 2021**. I understand children will be travelling to the excursion by Private Bus. Children will need to be at OSHC by **9:00am.** The bus will depart from OSHC at **9:30am** and arrive at Gawler Cinema at approx**. 10:00am**. The children will play a game of bowling and a game of mini golf and eat morning snack at the venue. The bus will depart **Elizabeth Bowland** at approx. **11.40am** and return to OSHC at approx. **12.15pm**. I have read the details for the excursion on the program. We anticipate up to 60 children will share the excursion with a staff ratio of 1:8 for supervising purposes. A risk assessment for the excursion has been completed.

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

**Parent/Guardian Consent Wizzbang Family Fun Centre (Excursion Activity)**

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

The visit to **Wizzbang Family Fun Centre** **2/108-112 Tolley Rd, St Agnes** on **Tuesday 5th October 2021.** I understand children will be travelling to the excursion by a Private Bus Company. The children will need to be at OSHC by **9.05am.** The bus will depart OSHC at **9:35am** and arrive at the venue at approx.**10:00am**. The children will eat morning snack at the venue. The bus will depart Wizzbang Family Fun at **1:10pm** and return to OSHC at approximately **1:30pm**. We anticipate up to 60 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.

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

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

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

The excursion to see **Shrek at the Arts Theatre 53 Angas St Adelaide** is on **Friday 8th October 2021**. I understand children will be travelling to the excursion by Private Bus. The children will need to be at OSHC by **8.30am**. The bus will depart OSHC at 9.00am and arrive at The **Arts Theatre** at approx. 10:00am. The children will play on the inflatable equipment and have recess at the venue. The bus will depart **t**he **Arts Theatre** at 11:15am and arrive back at OSHC at approx. 12:00pm. I have read the details for the excursion on the program. We anticipate up to 60 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.

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