

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

**Booking Form December 2021**

**SURNAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  **1** | **Monday 13th**7:00-6:15pm Wheels Day**Bronze Day ($60)**  | **Tuesday 14th**7:00-6:15pm Marine Discovery Centre**Gold Day ($80)**Excursion Consent Form  | **Wednesday 15th**7:00-6:15pmWet and Wild Day**Bronze Day ($60)** | **Thursday 16th**7:00-6:15pmBBQ at Morialta**Gold Day ($80)**Excursion Consent Form  | **Friday 17th**7:00-6:15pm Christmas Craft Day **Bronze Day ($60)**  |
|  | NameLunch | NameLunch\*Please specify your roll filling | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch  | NameLunch | NameLunch | NameLunch |
|  | NameLunch | NameLunch | NameLunch | NameLunch | NameLunch |
| **Week**  **2** | **Monday 20th** 7:00-6:15pm Christmas Bouncy Castle**Silver Day ($70)****Incursion Consent Form**   | **Tuesday 21st**7:00-6:15pmIndian Christmas Day**Bronze Day ($60)** | **Wednesday 22nd**7:00-6:15pmIce Arena**Gold Day ($80)**Excursion Consent Form  | **Thursday 23rd** 7:00-6:15pm Christmas Party at OSHC**Bronze Day ($60)**  | **CLOSED 24th** |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  |  |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  |  |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  |  |
|  | NameLunch | NameLunch  | NameLunch | NameLunch  |  |

**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 Marine Discovery Centre, Henley Beach** **(Excursion Activity)**

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

The Visit to the **Marine Discovery Centre, Henley Beach** on **Tuesday 14th December 2021**. I understand children will be travelling to the excursion by Private Bus. The bus will depart OSHC at 9.00am and arrive at the Marine Discovery Centre at approx. 9.50am. The children will be having recess and lunch supplied by OSHC at the venue. The bus will depart the Marine Discovery Centre at 2.00pm and arrive back at OSHC at approx. 3:00pm. 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 BBQ at Morialta Conservation Park (Excursion Activity)**

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

The visit to **Morialta Conservation Park** on **Thursday 16th December 2021.** I understand children will be travelling to the excursion by a Private Bus. The bus will depart OSHC at 9.15am and arrive at approx. 9:45am. Hats will be worn, and sunscreen will be applied to children (children with sensitivities should be encouraged to bring their own sunscreen). The children will eat recess and a BBQ lunch at the park. The bus will depart Morialta Conservation Park at 1.00pm and return to OSHC at approximately 1.45pm. 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 Christmas Bouncy Castle Day (Incursion Activity)**

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

The **Christmas Bouncy Castle** on **Monday 20th December 2021.** The bouncy castle will be available for use between 9.30am and 3.30pm in the hall. A risk assessment for the incursion has been completed and COVID-safe practices will be followed.

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

**Parent/Guardian Consent Ice Arena, Thebarton (Excursion Activity)**

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

A visit to the **Ice Arena, Thebarton** on **December the 22nd December 2021.**  I understand children will be travelling to the excursion by a Private Bus. The bus will leave OSHC at 9.00am and arrive at approx.. 9:50am. The children will be having recess at the venue. The bus will depart the ice arena at 12.30pm and return to OSHC at approximately 1.15pm. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**