



Vacation Care Consenting Written Agreement



PLEASE BOOK CAREFULLY AS DAYS BOOKED CAN NOT BE CANCELLED

Booking Form October 2022

SURNAME:

Week 1	Monday 3 rd CLOSED Public Holiday	Tuesday 4 th 7:00-6:15pm Mars Sports Stadium Gold Day (\$80) Excursion Consent Form <input type="checkbox"/> Lunch Choices: Hotdog & chips chicken nuggets & chips OR cheese toastie & chips	Wednesday 5 th 7:00-6:15pm St Kilda playground Gold Day (\$80) Excursion Consent Form <input type="checkbox"/> Lunch choices: Chicken Nuggets & chips Chicken Schnitzel & chips Fish & chips Mini hotdog & chips OR Spaghetti Bolognaise	Thursday 6 th 7:00-6:15pm Picnic on the oval Silver Day (\$70) Incurision Consent Form <input type="checkbox"/> Lunch choice: Sandwich with a filling of choice (please specify the filling)	Friday 7 th 7:00-6:15pm Crazy hair day Bronze Day (\$60) Lunch choice: Dominos assorted Pizza or Vegetarian pizza (please specify) OR A sandwich of choice (please specify filling)
		Name	Name	Name	Name
		Lunch	Lunch	Lunch	Lunch
		Name	Name	Name	Name
		Lunch	Lunch	Lunch	Lunch
		Name	Name	Name	Name
		Lunch	Lunch	Lunch	Lunch
Week 2	Monday 10 th 7:00-6:15pm When I grow up... Bronze Day (\$60) Lunch choices: Fish with chips, salad & a roll vegetarian patty with chips, salad & a roll OR a sandwich of your choice (please specify filling)	Tuesday 11 th 7:00-6:15pm Sports Day Silver Day (\$70) Incurision Consent Form <input type="checkbox"/> Lunch choices: Chicken salad wrap ham salad wrap OR cheese salad wrap (Please also specify your boost juice choice for recess)	Wednesday 12 th 7:00-6:15pm Salisbury Bowland Gold Day (\$80) Excursion Consent Form <input type="checkbox"/> Lunch Choices: Chicken Nuggets & chips OR hotdog & chips	Thursday 13 th 7:00-6:15pm Mr Snot Bottom and Cafe Brunelli Gold Day (\$80) Excursion Consent Form <input type="checkbox"/> Lunch choices: Cheeseburger & chips chicken nuggets & chips OR spaghetti napolitana	Friday 14 th 7:00-6:15pm Italian Carnevale Bronze Day (\$60) Lunch choices: Spaghetti bolognaise OR Vegetarian bolognaise with salad & garlic bread OR A sandwich of your choice (please specify filling)
	Name	Name	Name	Name	Name
	Lunch	Lunch	Lunch	Lunch	Lunch
	Name	Name	Name	Name	Name
	Lunch	Lunch	Lunch	Lunch	Lunch
	Name	Name	Name	Name	Name
	Lunch	Lunch	Lunch	Lunch	Lunch

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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.
- 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 _____

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Consent Forms

Parent/Guardian Consent Mars Stadium (Excursion Activity)

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

The visit to **Mars Sports Stadium, Marden** on **Tuesday 4th of October**. I understand children will be travelling to the excursion by Private Bus. Children will need to be at OSHC by **8:45am**. The bus will depart OSHC at 9:15am and arrive at Mars Stadium at approx. 10:00am. The children will be engaging in physical gym sports at the venue and will be having lunch there provided by the venue. The bus will depart Mars Stadium at approx. 1:00pm and return to OSHC at approx. 1:45pm. 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 St Kilda playground – 470 St Kilda Road, St Kilda (Excursion Activity)

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

The visit to **St Kilda Playground & Hotel** on **Wednesday 5th of October**. I understand children will be travelling to the excursion by a Private Bus Company. The children will need to be at OSHC by **7:30am**. The bus will depart OSHC at 8:00am and upon arrive at the venue at approx. 8:45am. Children will be at the playground until 11:30, having Recess there. We will then be walking 5 minutes to the St Kilda Hotel for Lunch. The bus will depart the St Kilda Hotel at approx. 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 picnic on the oval (Incursion Activity)

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

The **picnic on the oval** on **Thursday 6th October 2022**. We have large lawn games set up on the oval available for use between 10.00am and 1.00pm. A risk assessment for the incursion has been completed and COVID-safe practices will be followed.

Signed _____ Date _____

Parent/Guardian consent Sports day with Boost Juice Mobeel (Incursion Activity)

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

The Sports day with Boost Juice Mobeel on **Thursday 6th October 2022**. Boost Juice Mobeel will deliver the drinks at 10.30am and sports activities will be set up to use throughout the day. A risk assessment for the incursion has been completed and COVID-safe practices will be followed.

Signed _____ Date _____

Parent/Guardian Consent Salisbury Bowland 4-8 Clayson Road, Salisbury East (Excursion Activity)

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

The Visit to **Salisbury Bowland** on **Wednesday 12th of October**. I understand children will be travelling to the excursion by Private Bus. The children will need to be at OSHC by **9am**. The bus will depart OSHC at 9:30am and arrive at Salisbury Bowland at approx. 10:00am. The children will be having lunch there provided by the venue. The bus will depart Salisbury Bowland at 12:15pm and arrive back at 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 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 _____

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Parent/Guardian Consent Mr Snot Bottom (Golden Grove Arts Centre) and Café Brunelli's – 1 Tenison Place, Golden Grove (Excursion Activity)

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

The visit to **The Golden Arts Centre** on **Thursday 21st July** to see the 'Mr Snot Bottom' Production. I understand children will be travelling to the excursion by a Private Bus Company. The children will need to be at OSHC by **9:00am**. The bus will depart OSHC at 9:30am and upon arrive at the venue, children will eat recess. We will then be walking 5 minutes to Café Brunelli for lunch. The bus will depart Café Brunelli at 12:30pm and return to OSHC at approximately 12:40pm. 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 _____