

Vacation Care Consenting Written Agreement



PLEASE BOOK CAREFULLY AS DAYS BOOKED CAN NOT BE CANCELLED



Booking Form April 2024

SURNAME:

Week 1	Monday 15th 7:00-6:15pm AROUND THE WORLD Silver Day (\$77) Incursion Consent Form <input type="checkbox"/>	Tuesday 16th 7:00-6:15pm OBSTACLE CHALLENGE Silver Day (\$77) Incursion Consent Form <input type="checkbox"/>	Wednesday 17th 7:00-6:15pm TEDDY BEAR PICNIC Bronze Day (\$66)	Thursday 18th 7:00-6:15pm LET'S GO BOWLING Gold Day (\$88) Excursion Consent Form <input checked="" type="checkbox"/>	Friday 19th 7:00-6:15pm GAMES, GAMES, GAMES Bronze Day (\$66)
	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 22nd 7:00-6:15pm WHEELS DAY Bronze Day (\$66)	Tuesday 23rd 7:00-6:15pm CIRCUS EXTRAGANZA Silver Day (\$77) Incursion Consent Form <input type="checkbox"/>	Wednesday 24th 7:00-6:15pm A-MAZING RACE Gold Day (\$88) Excursion Consent Form <input checked="" type="checkbox"/>		Friday 26th 7:00-6:15pm PJ DAY Bronze Day (\$66)
	Name Lunch	Name Lunch	Name Lunch		ANZAC DAY Name Lunch
	Name Lunch	Name Lunch	Name Lunch		PUBLIC Name Lunch
	Name Lunch	Name Lunch	Name Lunch		HOLIDAY Name Lunch
	Name Lunch	Name Lunch	Name Lunch		Name 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 may be 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 misbehavior 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 authorize 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 for 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 Around the World Day (Home Day)

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

Cultural Day on **Monday 15th April 2024**. I understand that children will be participating in getting Henna tattoos on their hands. I acknowledge that my children do not have any skin conditions that may be affected by the Henna solution. I have read the details for the home day on the program.

Signed _____ Date _____

Parent/Guardian consent Obstacle Challenge (Incursion Activity)

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

The **Obstacle Course** on **Tuesday 16th April 2024**. The bouncy castle will be available for use between 9.00am and 4.00pm in the hall. A risk assessment for the incursion has been completed.

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** excursion on **Thursday 18th April 2024**. I understand children will be travelling to the excursion by private bus. The bus will depart OSHC at 9:15am and arrive at Elizabeth Bowland at approx. 10:00am. The children will be having recess supplied by OSHC when we are at OSHC before the excursion and lunch will be supplied by Elizabeth Bowland whilst we are on the excursion. The bus will depart Elizabeth Bowland at approx. 12:30pm and arrive back at OSHC at approx. 1pm. I have read the details for the excursion on the program.

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

Signed _____ Date _____

Parent/Guardian Consent Wheels Day (Home Day)

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

Wheels Day on **Monday 22nd April 2024**. I understand that children will be participating in activities that require them to use bikes, scooters, or roller blades/skates. I have read the details for the home day on the program.

Signed _____ Date _____

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Parent/Guardian Consent Circus Extravaganza (Incursion Activity)

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

Circus extravaganza on **Tuesday 23rd April 2024**. I understand that children will be participating in having their face painted. I acknowledge that my children do not have any skin conditions that may be affected by the face paints. I have read the details for the circus extravaganza on the program.

Signed _____

Date _____

Parent/Guardian Consent A-MAZING Race – Botanic Gardens (Excursion Activity)

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

The visit to the **Botanic Gardens** excursion on **Wednesday 24th April 2024**. I understand children will be travelling to the excursion by private bus. The bus will depart OSHC at 9:00am and arrive at the Botanic Gardens at approx. 9.45am. The children will be having recess supplied by OSHC when we are at OSHC before the excursion and lunch will be supplied by OSHC upon return from the excursion. The bus will depart the Botanic Gardens at approx. 12:45pm and arrive back at OSHC at approx. 1:30pm. I have read the details for the excursion on the program.

Please tick if you allow for your child to get face paint on this excursion.

Signed _____

Date _____