

Vacation Care Consenting Written Agreement



PLEASE BOOK CAREFULLY AS DAYS BOOKED CAN NOT BE CANCELLED



Booking Form July 2024

SURNAME:

Week 1	Monday 8th 7:00-6:15pm MESSY/ART DAY Bronze Day (\$66)	Tuesday 9th 7:00-6:15pm LET'S GO BOWLING Gold Day (\$88) Excursion Consent Form <input type="checkbox"/>	Wednesday 10th 7:00-6:15pm BLAST OFF Gold Day (\$88) Excursion Consent Form <input type="checkbox"/>	Thursday 11th 7:00-6:15pm MAGIC, MAGIC EVERWHERE Silver Day (\$77) Incursion Consent Form <input type="checkbox"/>	Friday 12th 7:00-6:15pm ALL ABOARD THE HOGWARTS EXPRESS 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 15th 7:00-6:15pm COOL 4 KIDS Silver Day (\$77) Incursion Consent Form <input type="checkbox"/>	Tuesday 16th 7:00-6:15pm I AM AUSTRALIAN Bronze Day (\$66)	Wednesday 17th 7:00-6:15pm LET'S GO TO THE MOVIES Gold Day (\$88) Excursion Consent Form <input type="checkbox"/>	Thursday 18th 7:00-6:15pm PLASTER FUN HOUSE Gold Day (\$88) Excursion Consent Form <input type="checkbox"/>	Friday 19th 7:00-6:15pm WINTER WARMERS 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

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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 in 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 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 **Tuesday 9th July 2024**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 8:00am and arrive at Elizabeth Bowland at approx. 9:00am. The children will be having recess supplied by OSHC when we arrive at the excursion and lunch will be supplied by Elizabeth Bowland whilst we are on the excursion. The bus will depart Elizabeth Bowland at approx. 12:45pm and arrive back at OSHC at approx. 1:15pm. 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 Mawson Lakes Planetarium (Excursion Activity)

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

The visit to **Mawson Lakes Planetarium** excursion is on **Wednesday 10th July 2024**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 8:45am and arrive at Mawson Lakes Planetarium at approx. 9:30am. The children will be having recess supplied by OSHC when we arrive at the excursion and lunch will be supplied by OSHC upon return from the excursion. The bus will depart Mawson Lakes Planetarium at approx. 12:15pm and arrive back at OSHC at approx. 12:45pm. 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 Magic George (Incursion Activity)

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

In the Magic show performed by **Magic George** on **Thursday 11th July 2024**. I understand that children will be participating in the show where various illusions and magic will take place. I have read the details for the Magic show performance on the program.

Signed _____ Date _____

Parent/Guardian Consent Cool 4 Kids (Incursion Activity)

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

In the musical performance by **Tony from Cool 4 Kids** on **Monday 15th July 2024**. I understand that children will be participating in the performance. I have read the details for the Magic show performance on the program.

Signed _____ Date _____

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Parent/Guardian Consent Odeon Star Cinema (Excursion Activity)

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

The visit to the **Odeon Star Cinema** excursion on **Wednesday 17th July 2024** to watch **Inside Out 2 (PG)**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 8:45am and arrive at the Odeon Star Cinema at approx. 9:45am. The children will be having recess (popcorn and water) supplied by the cinema during the movie. Lunch will be supplied by OSHC upon return from the excursion. The bus will depart from the Odeon Star Cinema at approx. 12:15pm 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 Wayville Plaster fun House (Excursion Activity)

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

The visit to **Wayville Plaster Fun House** excursion on **Thursday 18th July 2024**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 8:15am and arrive at Wayville Plaster Fun House at approx. 9:15am. The children will be having recess supplied by OSHC when we arrive on the excursion and lunch will be supplied by OSHC upon return from the excursion. The bus will depart Wayville Plaster Fun House at approx. 11:45am and arrive back at OSHC at approx. 12:30pm. 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 _____
