

Vacation Care Consenting Written Agreement



PLEASE BOOK CAREFULLY AS DAYS BOOKED CAN NOT BE CANCELLED



Booking Form October 2024

SURNAME:

Week	Monday 30 th 7:00-6:15pm Pizza Party Pyjama Jam Bronze Day (\$66)	Tuesday 1 st 7:00-6:15pm Ingle Farm Roller Skating Gold Day (\$88) Excursion Consent Form <input type="checkbox"/>	Wednesday 2 nd 7:00-6:15pm Wheels Day Bronze Day (\$66) Consent Form <input type="checkbox"/>	Thursday 3 rd 7:00-6:15pm OSHClympics Bronze Day (\$66)	Friday 4 th 7:00-6:15pm Jam Band Gold Day (\$88) Excursion Consent Form <input type="checkbox"/>
1	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
2	Monday 7 th PUBLIC HOLIDAY	Tuesday 8 th 7:00-6:15pm Glamour and Glitz Extravaganza Bronze Day (\$66)	Wednesday 9 th 7:00-6:15pm Inflatable World Gold Day (\$88) Excursion Consent Form <input checked="" type="checkbox"/> <input type="checkbox"/>	Thursday 10 th 7:00-6:15pm Alice in Wonderland Gold Day (\$88) Excursion Consent Form <input checked="" type="checkbox"/>	Friday 11 th 7:00-6:15pm Today we meet Uncle Tamaru Silver Day (\$77) Incurtion Consent Form <input type="checkbox"/>
		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 TO WEAR ENCLOSED FOOTWEAR AND BRING A DRINK BOTTLE

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.** Staff on the excursion 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.

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 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 which can include PG rated movies.
- I understand that the ratio of educator to child is 1:8 when on excursions.
- **I understand if I change my mind about the lunch option, I have pre-selected for my child I will be charged an additional \$4 for an alternative to be given.**

Signed _____

Date _____

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Consent Forms

Parent/Guardian Consent Ingle Farm – Roller Skating (Excursion Activity)

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

The visit to **Ingle Farm Roller Skating** excursion on **Tuesday October 1st 2024**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 9:30am and arrive at Ingle Farm at approximately 10am. The children will be having recess supplied by OSHC when we arrive at the excursion and lunch will be supplied by Ingle Farm whilst we are on the excursion. The bus will depart Ingle Farm at approximately 12:45pm and arrive back at OSHC at approximately 1:15pm. I have read the details for the excursion on the program.

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 **Wednesday October 2nd, 2024**. I understand that the children will be using their own wheels and helmet. I have read the details for the activity on the program.

Signed _____ Date _____

Parent/Guardian Consent Jam Band (Excursion Activity)

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

In the performance by **The Jam Band** on **Friday October 4th 2024** I understand that children will be participating in the show where the music and instruments can be loud. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 11:20am and arrive at St Clair recreation Centre at approximately 12pm. We will return to OSHC at approximately 2.15pm. I have read the details for the Jam Band performance on the program.

Signed _____ Date _____

Parent/Guardian Consent Bounce Bonanza – Inflatable World (Excursion Activity)

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

At **Inflatable World Modbury** excursion on **Wednesday October 9th 2024** where the children will be jumping on various inflatables. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 9:20am and arrive at Modbury at approximately 9.45am. The children will be having recess supplied by OSHC when we arrive at the excursion. We will return to OSHC at approximately 12.30pm for lunch. I have read the details for the Bounce Bonanza – Inflatable World on the program.

Signed _____ Date _____

Parent/Guardian Consent Ingle Farm – Wonderland Wonders (Excursion Activity)

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

The visit to **the performance of Alice in Wonderland** excursion on **Thursday October 10th 2024**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 11.45am and arrive at the Arts Theatre on Angas Street at approximately 12.15pm. The children will be having lunch when they get back to OSHC from the Alice in Wonderland show at approximately 2pm. I have read the details for the excursion on the program.

Signed _____ Date _____

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Parent/Guardian Consent (Incursion Activity)

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

The visit from **Uncle Tamaru – Lady Gowrie incursion** on **Friday October 11th 2024**. I have read the details for the incursion on the program.

Signed _____

Date _____
