

# Vacation Care Consenting Written Agreement




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



**Booking Form December 2024**

**SURNAME:**

	<b>Monday 16<sup>th</sup></b> 7:00-6:15pm Festive Craft Wonderland <b>Bronze Day (\$66)</b>	<b>Tuesday 17<sup>th</sup></b> 7:00-6:15pm Jingle Bells Dance Party <b>Bronze Day (\$66)</b>	<b>Wednesday 18<sup>th</sup></b> 7:00-6:15pm Caroling Cheer for Our Seniors <b>Gold Day (\$88)</b> Consent Form <input type="checkbox"/>	<b>Thursday 19<sup>th</sup></b> 7:00-6:15pm Greek Christmas Extravaganza <b>Bronze Day (\$66)</b>	<b>Friday 20<sup>th</sup></b> <b>CLOSED</b> 
	Name  Lunch (Sandwich- Choose fillings)	Name  Lunch (Roll- Choose fillings)	Name  Lunch (Wrap- Choose fillings)	Name  Lunch (Yiros)	
	Name  Lunch	Name  Lunch	Name  Lunch	Name  Lunch	
	Name  Lunch	Name  Lunch	Name  Lunch	Name  Lunch	
	Name  Lunch	Name  Lunch	Name  Lunch	Name  Lunch	

Please ensure that you write down what your child's lunch selection is on the booking form. If an option is not selected, then the main meal of the day will be automatically selected.

Lunch: Alternative to the specified daily lunch is a choice of a sandwich.

Children may choose from chicken, tuna, ham, roast beef, cheese, turkey, vegemite and or tomato, cucumber, lettuce.

## Consent Forms

### Parent/Guardian Consent Estia Health (Excursion Activity 18<sup>th</sup> December)

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

The visit to **Estia Health** excursion on **Wednesday December 18<sup>th</sup> 2024**. I understand children will be travelling to the nursing home by private bus. The bus will depart OSHC at 9:00am and arrive at Estia Health at approximately 9.10am. The children will be having morning tea with the residents supplied by OSHC when we arrive at the excursion. The bus will depart Estia Health at approximately 10:30am and arrive back at OSHC at approximately 10:40am. I have read the details for the excursion on the program.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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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 \_\_\_\_\_