

Educator Name

Regular Outings Permission
This form is to be completed by educator and parents as changes occur

Child's Name

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POSTAL PO Box 90 Queanbeyan NSW 2620

CONTACT

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Checkbox to add ad	ditional outing	g.						
Pick-Up Venue		Venue Address			Purpose of Outing			
Destination Venue		Destination Address			Day	Frequ	iency	Time Frame
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Transport	Transport Tin	ne	No. of Children	No of Adults	Safety Requi	rement Met?	Date of Ri	sk Assessment



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Checkbox to add additional outing. Pick-Up Venue Purpose of Outing Venue Address **Destination Venue Destination Address** Frequency Time Frame Day **Transport Time** Safety Requirement Met? Date of Risk Assessment Transport No. of Children No of Adults Checkbox to add additional outing. Pick-Up Venue Purpose of Outing Venue Address **Destination Venue Destination Address** Day Frequency Time Frame Transport Time Safety Requirement Met? Transport Date of Risk Assessment No. of Children No of Adults Checkbox to add additional outing. Pick-Up Venue Venue Address Purpose of Outing **Destination Address** Time Frame **Destination Venue** Frequency Day Transport Time Safety Requirement Met? Date of Risk Assessment Transport No. of Children No of Adults I understand that I must conduct the outings outlined on this form, in accordance with the Queanbeyan-Palerang Family Day Care policies and procedures, including conduction a risk assessment of the route and venue for the outings. Educator's Signature Date Signed Parental Permission - To be completed by Parent/Guardian I understand the nature of the outings my child/ren will be attending. I understand that a risk assessment has been prepared and is available at the education and care service. I understand that written policies and procedures for transporting children are available at the education and care service. I give permission for my child/ren to participate in the outings outlined on this form. Parent/Guardian's Signature Date Signed Office Use -Criteria Met Nominated Supervisor' Signature **Date Signed**



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