

## **Excursion Permission**

## Please note:

- All excursions must be child focused.
- All excursion forms must be submitted to the office *prior* to the excursion occurring.

Educator's name:				Educator's contact:				
Child's name:					Child'	s age:		
			'				,	
Date of Excursion:	Time spent travelling:							
Method of transport:	Dept. T			ne:		Ret. Time:		
Requirements for seatbelts or safety restraints in your state or territory met?								
Total number of ch	nildren attending:		under school aged				school aged	
Total number of	adults attending:		staff				other	
A risk assessment has	been completed:		Date of Risk Assessm			ent:		
Pick up location and destinations ( <i>list all; exact venue and address is required</i> ):								
Pick up location and destinations (list all, exact venue and address is required):								
Purpose of the excursion								
Activities planned for the Child								
7 tourned planned for the oring								
How does this experience relate to your current program and/or how will you build on this								
experience?								
During the excursion,	will the child requir	re?						
Rest time	'		M	ornir	ng tea			
Afternoon tea			_	ınch				
If yes, how will these routines be accommodated?								
,,								
Cost:								
What to bring								





Educator Use						
Care policies and pro	cedur	duct this excursion in accordance with Queanbeyan Family Day res, including conducting a risk assessment of the route and ntal permission for the excursion.				
Educator's signature:						
Date signed:						
Parental	l Pern	nission - To be completed by Parent/Guardian				
risk assessment has k understand that writter education and care se I give permission for m	been police rvice. ny chi					
Emergency Contact N	No.:					
Parent/Guardian's signature:						
Date signed:						
		Office Use Only				
Criteria met:						
Signature:						
Date signed:						



OFFICE

Queanbeyan

257 Crawford Street,