I, ……………………………………, give permission for ………………………………….. to leave the **<insert Service name>** on the pre-determined routine outings listed in the table below. Additionally, in accordance with the National Regulations 102, we have completed the tables below to reflect what activities your child will undertake, ratios of staff to children, method of transport, proposed route, estimated time away from the kindergarten premises and the anticipated number of children likely to attend the outing.

These outings are designed to enhance and compliment the educational program at **<insert Service name>**.

All parents/guardians/volunteers participating in the routine outing will be under the direct supervision of a qualified staff member, while assisting in the supervision and care of children on the excursion.

\*A Risk Assessment has been prepared for these excursions and is available at the service.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Routine Excursion 1 | | | | | | | |
| **Proposed Destination** | |  | | **Proposed Activities to be undertaken by your child** | |  | |
| **When** *(either pre-planned dates or description of how families will be informed of date)* | |  | | **Time away from Premises** | |  | |
| **Proposed method of transport** *(where transport is by bus or other motor vehicle, current seat belt and restraint laws will be met)* | |  | | **Proposed Route:** | |  | |
| **Ratio Educators to Children** |  | | **Ratio of other staff and adults** |  | **Anticipated No. of children likely to attend outing** | |  |
| Routine Excursion 2 | | | | | | | |
| **Proposed Destination** | |  | | **Proposed Activities to be undertaken by your child** | |  | |
| **When** *(either pre-planned dates or description of how families will be informed of date)* | |  | | **Time away from Premises** | |  | |
| **Proposed method of transport** *(where transport is by bus or other motor vehicle, current seat belt and restraint laws will be met)* | |  | | **Proposed Route:** | |  | |
| **Ratio Educators to Children** |  | | **Ratio of other staff and adults** |  | **Anticipated No. of children likely to attend outing** | |  |
| Routine Excursion 3 | | | | | | | |
| **Proposed Destination** | |  | | **Proposed Activities to be undertaken by your child** | |  | |
| **When** *(either pre-planned dates or description of how families will be informed of date)* | |  | | **Time away from Premises** | |  | |
| **Proposed method of transport** *(where transport is by bus or other motor vehicle, current seat belt and restraint laws will be met)* | |  | | **Proposed Route:** | |  | |
| **Ratio Educators to Children** |  | | **Ratio of other staff and adults** |  | **Anticipated No. of children likely to attend outing** | |  |

I understand that adequate supervision and safety as outlined in the centre’s policies and children’s services legislation will be provided at all times.

Name of authorised person/s to be notified of any accident, injury, trauma or illness involving your child:

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact 1** | | **Contact 2** | |
| **Name** |  | **Name** |  |
| **Phone Number** |  | **Phone Number** |  |
| **Relationship to Child** |  | **Relationship to Child** |  |

|  |  |
| --- | --- |
| **Name of medical practitioner:** |  |
| **Contact details:** |  |
| **Name of medical service:** |  |
| **Contact details:** |  |

Print name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_