



## Woodlands Excursion Authorisation Form.

This form is to seek your consent to have your child participate in an organised excursion.

### Excursion Details

Excursion Destination: [insert destination]

Proposed pick-up location: [insert where children will depart from, ie. Campus carpark]

Date of Excursion: \_\_/\_\_/\_\_

Departure Time: \_\_\_\_\_ am/pm

Return Time: \_\_\_\_\_ am/pm

Mode of Transport: [insert mode of transport]

### Proposed Activities during the Excursion

Give a brief breakdown of the schedule for the day, including the time for transition of activities.

Please see below for an example - feel free to use this with more details about your destination and proposed activities. For example:

- 9:00 AM: Departure from the centre. Please ensure that children arrive before 9:00 AM on the day.
- 10:00 AM: Arrival at the destination
- 10:30 AM - 12:30PM: Educational Program
- 12:30 PM - 1:00 PM: Lunch
- 1:00 PM - 1:45 PM: Educational Program
- 2:00 PM: Departure from the Destination
- 2:30 PM - 3:00 PM: Estimated arrival time back at the centre

**Anticipated Number of Children Attending:** [insert number of children in the group]

**Anticipated Adult to Child Ratio:** 1:3

**Anticipated Number of Staff members and Adults attending:** [insert number of adults]

A risk assessment for the proposed excursion has been prepared and is available at the Service upon request. Please note that all Education and Care Services Regulations and Woodlands Policies will continue to apply to staff, children and volunteers while on the excursion. (Sunsmart, No Smoking etc.). These policies and procedures are available on the Woodlands website.

### Child's Information

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_ / \_\_ / \_\_  
Parent/Guardian Full Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

### Medical Information

Allergies or Dietary Restrictions: \_\_\_\_\_  
Medications (if any): \_\_\_\_\_  
Special Medical Considerations: \_\_\_\_\_

### Emergency Contact Information

In the event of an emergency, if we are unable to reach the parent/guardian, please contact: Name:

\_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

### Consent and Authorisation

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child), hereby grant permission for my child to participate in the excursion to [insert excursion destination] on [Date]. I understand that all reasonable precautions will be taken to ensure my child's safety and wellbeing during the excursion.

I agree that my child shall be subject to the supervision of staff members in charge of the excursion.

I authorise the staff member in charge of the excursion, to consent to my child receiving such medical or surgical treatment or ambulance transport as may be necessary. I understand the proposed activities, the period of time my child will be away from the premises, and the method of transport to be used. I acknowledge that a risk assessment has been prepared and is available at the Service. I authorise the staff members and any other responsible adults to accompany and supervise my child during the excursion.

Print name of Parent/Guardian: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Phone number on the day: \_\_\_\_\_

Any adult/parent participating in the excursion will be under the direct supervision of a staff member while assisting in the supervision and care of children on the excursion. All volunteers assisting with the excursion will be required to complete the **Woodlands Excursion Volunteer Form** prior to the excursion. If, for any reason, the excursion has to be cancelled, you will be



notified on the day.

<https://www.vic.gov.au/excursions-and-regular-outings-early-childhood-services#authorisation>

S