



Vacation Care Consent Form

Our Service has organized an excursion for your child to attend. All the relevant details are provided below for your convenience. The service has conducted an Excursion Risk Assessment which is available for your review upon request.

For your child to attend, you are required to read this information and complete the Vacation Care Excursion Consent Form. To complete this form, you must be listed on the child's enrolment form as either their parent or an Authorised Nominee.

Excursion Staff Ratios

1 carer: 8 children
1 carer: 5 children for water involved activities

To ensure your children can participate in all programmed activities, please provide a wide brimmed, legionnaires or bucket hat for outdoors.

Resthaven Nursing Home

Date: Thursday 3rd October 2019

Destination: Resthaven Nursing Home
10 Township Road
Marion 5043

Departure time: 9.30 am

Return time: 12 noon

Transport: Walking

- Please bring a packed recess and drink
- Hat and SunSmart clothes.
- Child:staff ratio - 39 children: 5 staff.

I give permission for _____
to attend the above excursion as described. I agree to abide by the instructions in regards to the excursion. I will provide my children with a wide brimmed, legionnaires or bucket hat for any outdoor activities.

By signing the Vacation Care Excursion Consent Form, I agree to and understand the following:

- My child has my permission to attend this excursion.
- I am listed on the child's enrolment form as a parent or authorised nominee.
- I have read the details provided by the service and understand that I can access the Excursion Risk Assessment on request at the service.
- The contact details (including all emergency contact details) listed on my child's enrolment form are up to date.
- Parent/carer signature: _____ Date: _____