



EXCURSIONS/SERVICE EVENTS

PARENT / GUARDIAN CONSENT FORM

The *Education and Care Services National Regulations 2011* (Regulation 102) specify that written authorisations for excursions, given by a parent/guardian or person authorised on the child's enrolment record, must include the following details:

Name of Kindergarten:

Emergency Kindergarten mobile Phone Number for Excursion/Service Event day:

Date of Excursion/Service Event:

We plan to take the Children to:

Description of Location:

Proposed activities to be undertaken by the child during the Excursion/Service Event:

Reason for Excursion/Service Event (Educational Program Goals)

Departure Time:

Return Time:

The children will be travelling by:

If travelling by chartered bus all children will be wearing a seat belt. If travelling by public transport children will wear seatbelts if they are available and will remain seated throughout the journey.

Total Number of Staff:

Total Number of other responsible adults:

Anticipated Number of Children Attending the Excursion/Service Event:

The anticipated Educator to child Ratio is: Educator Children

Parents/guardians/siblings are able to participate in the excursion/service event?

Other Information: e.g. items required snack/lunch, sunscreen, hat, coat etc.

Parents/guardians will be responsible for the supervision of any additional family members.

A Risk Assessment has been prepared for this Excursion/Service Event and is displayed at the service.

Description of Excursion/Service Event

Please complete and return by

I give permission for my child (Child Full Name) to take part in this Excursion/Service Event.

I hereby agree and consent to my child participating in this Excursion/Service Event.

Parent / Guardian Signature:

Dated:

Parent/Guardian Name:

Address:

Parent Contact Telephone for the Excursion Day:

I can assist on the excursion day Name:

Phone Number:

Additional Emergency Contacts

1. Name Relationship to Child

Address

Telephone:

2. Name Relationship to Child

Address

Telephone:

Child's Doctor Name:

Telephone:

Health Privacy Notification

The personal and health information requested on this form is being collected by Shine Bright EYM for the provision of Community Services. This information will be used solely by Shine Bright EYM, for that primary purpose or directly related purposes. Shine Bright EYM may disclose this information to other allied health professionals for the purpose of continuity of care. If a referral to an allied health professional is required, consent will be obtained at that time, unless exempted by other relevant legislation. If this information is not collected then this may impact on the accuracy of professional advice given to you by the allied health professional and could affect service provision. The applicant understands that the personal and health information provided is for the provision of the **Child Care** and that he or she may apply to Shine Bright EYM for access to and/or amendment of the information. Requests for access and or correction should be made to Shine Bright EYM's Health Privacy Officer.