



## REGULAR OUTING PERMISSION FORM

### 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:

**Proposed Location 1:**

Location:

Reason for Outing

**Proposed Location 2:**

Location:

Reason for Outing

**Proposed Location 3:**

Location:

Reason for Outing

Description of the Location

Description of the Location

Description of the Location

Method of Transport

Method of Transport

Method of Transport

If by public transport children will be wearing seat belts if they are available

Proposed Activities

Proposed Activities

Proposed Activities

The period of time for the outing

The period of time for the outing

The period of time for the outing

Anticipated Number Children

Anticipated Number Children

Anticipated Number Children

Anticipated Educator to Child

Anticipated Educator to Child

Anticipated Educator to Child

Ratio Anticipated Number of staff

Ratio Anticipated Number of staff

Ratio Anticipated Number of staff

Anticipated Number of other responsible Adults:

Anticipated Number of other responsible Adults:

Anticipated Number of other responsible Adults:

A Risk Assessment has been prepared and is available at the service.

**I give permission for my child to take part in this Regular Outing.**

I hereby agree and consent to my child (child full name) participating in this Regular Outing within walking distance of our service or via public transport during this calendar year

I understand that notification of such outings will be posted beside the sign-in book detailing information including: destination, route taken, departure and return times and staff ratios.

Parent/Guardian Signature: Dated: Parent/Guardian Name:

Parent/Guardian Name:

Address

Parent Contact Telephone for the Excursion Day:

**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.