

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** | **Proposed Location 2** | **Proposed Location 3** |
| Location |  | Location |  | Location |  |
| Reason for outing | Reason for outing | 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, 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 of children | Anticipated number of children | Anticipated number of children |
|  |  |  |
| Anticipator educator to child | Anticipator educator to child | Anticipator 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 |  |
| Address |  |
| Parent contact telephone for the excursion day |  |

# Additional Emergency Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name
 |  | Relationship to child |  |
| Address |  |
| Telephone |  |
| 1. 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.

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