



# Excursion Authorisation Form Vacation Care


Your permission is sought for excursions where your child leaves the premises of Macquarie University Vacation Care. Please tick & sign each section that is relevant for excursions on the days that your child is booked in for. Please note a separate authorisation form is required for each child.

**Child's Name/s:**

**Parent Name:**

<p><b>Excursion – Movies Thursday 11<sup>th</sup> July Years K-6</b></p> <div style="text-align: center; margin-top: 50px;">  </div>	<p>I give permission for my child to attend the excursion to the movies at Event Cinemas Macquarie Centre on Thursday 11<sup>th</sup> July 2019.</p> <p>I understand the children will be walking approximately 1km to Macquarie Centre to Event Cinema complex.</p> <p>I understand the children will be away from the centre between approximately 10am – 2pm. I understand it is anticipated there will be a maximum of 60 children attending the excursion with 6 staff. If there are less than 60 children attending on the day a ratio 1:9 will be maintained. I understand other adults may accompany &amp; supervise the children &amp; I will be advised of this in writing in the foyer prior to the excursion.</p> <p>I understand a risk assessment has been conducted prior to the excursion and is available to view (along with a University map) in the office at Vacation Care.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>
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<p><b>Excursion – Bike day Monday 15<sup>th</sup> July Years K-1 30 children Years 2-6 30 children</b></p> <div style="text-align: center; margin-top: 50px;">  </div>	<p>I give permission for my child to attend the bike day on the grounds of Macquarie University at the Sports Fields on Monday 15<sup>th</sup> July 2019.</p> <p>I understand the children will be attending a bike workshop and riding bikes on the Sports Fields at Macquarie University. I understand that the children will be transported to the Sports Fields via University bus.</p> <p>I understand the children will be away from the centre between approximately 10am-2pm. I understand it is anticipated there will be a maximum of 30 children attending the excursion at a time with 3 staff. If there are less than 60 children attending on the day a ratio 1:9 will be maintained. I understand other adults may accompany &amp; supervise the children &amp; I will be advised of this in writing in the foyer prior to the excursion.</p> <p>I understand a risk assessment has been conducted prior to the excursion and is available to view (along with a University map) in the office at Vacation Care.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>
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<p><b>Excursion – Planetarium Wednesday 17<sup>th</sup> July Years K-6</b></p> <div style="text-align: center; margin-top: 50px;">  </div>	<p>I give permission for my child to attend the digital epsilon planetarium at 14 Sir Christopher Oondatje Avenue on the grounds of Macquarie University on Wednesday 17<sup>th</sup> July 2019.</p> <p>I understand the children will be walking on the University campus.</p> <p>I understand the children will be away from the centre between approximately 10am – 2pm. I understand it is anticipated there will be a maximum of 60 children attending the excursion with 6 staff. If there are less than 60 children attending on the day a ratio 1:9 will be maintained. I understand other adults may accompany &amp; supervise the children &amp; I will be advised of this in writing in the foyer prior to the excursion.</p> <p>I understand a risk assessment has been conducted prior to the excursion and is available to view (along with a University map) in the office at Vacation Care.</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p>
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