PARENT AUTHORISATION FOR REGULAR OUTING

Dear Parents and Families

As part of our educational program, we make regular visits to Wombalana Garden during the year. This outing is within walking distance from our Service and provides valuable opportunities for children to explore the wider community and extend upon their learning. A detailed risk assessment and management plan has been conducted to protect children from any harm or hazard likely to cause injury. This is available at the Service upon request. Educators will monitor and supervise children at all times against an accurate attendance record.

Written authorisation is required by parents/guardians once each year to allow your child to participate in the proposed regular outing. If any changes occur to the risk assessment or organisation, a new authorisation may be required.

Please sign the authorisation form below and return to management.

✂----------------------------------------------------------------------------------------------------------------------------------

Authorisation for Regular Outing

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Service | | Selby Childcare | | | | | | | | | | |
| Room name | | Selby Childcare | | | Proposed number of children | | | 19 | Educator to child ratios | | | 1:4  1:11 |
| Regular outing venue | | Wombalana Garden- sandpit | | | | | | | | | | |
| Address | | 1 Minak Road, Selby | | | | | | | | | | |
| Mode of transport | | Walking | | | | | | | | | | |
| Proposed activities | | | | Wombalana Garden- sandpit | | | | | | | | |
| Time departing Service | | | | varies | | Estimated time away from Service | | | | | varies | |
| Supervising staff/educators attending | | | | 2 educators- 4 if all children go upto the garden | | | | | | | | |
| I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of child] to participate in regular outings whilst being educated and cared for by Selby Childcare.  In the event of an injury or emergency, I acknowledge that the supervising educator will attempt to contact me. In an emergency, I authorise the service to obtain all necessary medical assistance, including ambulance transport, medication and hospital admission. | | | | | | | | | | | | |
| Name of Parent/guardian | | | |  | | | Signature | | |  | | |
| Date |  | | Phone number | | (mobile) | | | | (work) | | | |