

ROWELLYN PARK OUTSIDE SCHOOL HOURS CARE VACATION CARE EXCURSION PERMISSION FORM

Dear Families,

Permission is required when attending excursions. The cost is covered in your daily fee unless otherwise specified on the program.

Please complete (tick and write your child's name next to the excursion activities that your child will be attending) the form

Please refer to the program so you are aware of the necessary requirements the children will need.

Rowellyn Park Outside School Hours Care - Permission

I give p	permission for my child/ren
••••	
To atte	nd the excursion or be part of the following activities as programmed for the Vacation Care m.
In ger	neral:
	Permission to have face painted (12 th July)
	Permission to have hair sprayed with coloured hair spray (12 th July)
	Photos for program use only (children's reflections and portfolios)
	Photos for media or promotion purposes
	To view G, E and PG rated films and television programs while supervised by the educators at Rowellyn Park OSHC
Comm	ents:

Excursion Authorisation:

Friday 5 th July:			
Name:	Name:		
Excursion to Frankston Indoor Sport & Inflatable Zone			
Time: 11am to 2.00pm	Location: Frankston Indoor Sport & Inflatable Zone		
Transport: Bus (Driver Bus Lines)	Staff to student ratio: 1:8		
Total Educators 8 Activities: Arrive at 11:00, spending 3 hours in the venue playing with giant inflatables and have lunch			
at the venue.			
Or			
Name:	Name:		
Excursion to Bayside Rock			
Time: 12am to 2pm	Location: Baysied Rock, Carrum Down		
Transport: Bus (Driver Bus Lines)	Staff to student ratio: 1:8		
Total Educators 8 Activities: Lunch at Bayside Rock then rock climbing and caving for 2 hours.			
Tearness. Lanen at Dayside Rock then rock enhibing and eaving for 2 notics.			
Comments:			
and a			
Wednesday 10 th July:			
Name:	Name:		
Excursion to Hoytt Cinema & Park			
Time: 11am to 2.30pm	Location: Hoytt Cinema, Frankston		
Transport: Bus (Driver Bus Lines)	Staff to student ratio: 1:8		
Total Educators 14			
Activities: Watch movie at cinema approx. 12-1.30 before returning back to the			
Comments:			

PARENTS/GUARDIAN DECLARATION

Declaration and consent to emergency medical treatment

I, (Print full name)
• declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
• agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service;
• consent to the approved provider or in the case of an OSHC, the OSHC service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.
OSHC PO Box 8134 Carrum Downs 3201 9782-0080/ mobile: 0409965998 Email: groenendyk.leanne.m@edumail.vic.gov.au
Parents/Guardians: We would like your input of what your expectations of the program are for you child. This information is used to meet your child's needs, interests and for future planning.