

OSHC Vacation Care  
Excursions & Regular Outings Form



Excursion details	
<b>Name of excursion:</b>	
<b>Date:</b>	
<b>Purpose of the activity:</b>	
<b>Details of supervising staff:</b>	
<b>Additional cost of excursion/outing:</b>	
<b>Name and contact details of the excursion staff emergency contact:</b>	
<b>Departure details:</b>	
<b>Return details:</b>	
<b>Travel arrangements:</b>	
<b>Adventure activities to be undertaken or that may be offered to students throughout the activity:</b>	

**Authorisation for Excursion**

By signing this document, I agree to and understand the following:

- I give permission for my child to participate in excursions at Freshwater Christian College OSHC Program on and off the property.
- I acknowledge that my child may be either catching a bus to and from excursion; or if it is within walking distance, to walk to and from the excursion.
- I acknowledge that my child may be walking to, and exploring, several bushland environments within the school grounds during these outings; as well as using the specialist rooms within our College such as the Art, Library and Home Economic rooms.
- A Risk-Benefit Assessment for each excursion or outing are available to all parents, and I am able to access a hard copy at any time. Including maps of all locations and planned safety measures for these excursions.

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# OSHC Vacation Care Excursions & Regular Outings Form



- During these outings, I am aware that my child will be involved in a variety of activities that may include (but are not limited to) the following: exploring natural environments, climbing trees, building with natural materials, collecting natural artefacts, exploring water (NOT SWIMMING), cooking, and active play.
- These outings will typically range from 1.5-3 hours and will usually take place in a range of weather conditions. These outings will be attended by the whole group of children attending that day with an appropriate adult to child ratio. Adults will include regular staff.
- I understand that in the event of my child's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.
- I understand that in the event excursion staff determine it is necessary for my child to be sent home early due to illness, any cost associated with his/her return will be my responsibility.
- I understand that the director may need to cancel or alter excursion arrangements at short notice, for safety reasons or due to circumstances beyond the control of the OSHC, and while the Director will try to minimise inconvenience or financial losses to parents, these may be unavoidable.

**A risk management plan for this program has been developed by staff and is available for parents to review on request.**

## Attachments

- Itinerary
- Risk-Benefit Plan

## Parent/Carer Consent

I have read all of the above information provided by OSHC in relation to the [insert program name here], including any attached material.

I give permission for my daughter/son \_\_\_\_\_ (full name) to attend.

Parent/carers: \_\_\_\_\_ (full name)

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

In case of emergency I can be contacted on:

\_\_\_\_\_ OR \_\_\_\_\_