

Vacation Care Excursion Authorisation Form

Service Name: CHERRYBROOK OOSH **Date of Excursion:** 2nd October 2026

Reason child is leaving the Program premises: To participate in a planned Excursion

Description of proposed pick-up location: Cherrybrook OOSH

Description of proposed destination: Fagan Park

Address of Excursion venue: 38-48 Arcadia Rd, Galston

Description of proposed activities while at Excursion Venue: BBQ, Playground & explore gardens

Method of seat belted Transport to/from the Program to the Excursion Venue: Bus/Private Coach Charter

Bus Company providing Transport: North Sydney Bus Charters

Time of departure from Program: 9.30am

Time of arrival back to Program: 2.00pm

Anticipated number of children likely to attend excursion: 70

Anticipated number of staff likely to attend excursion: 8

The anticipated educator-to-child ratio for the excursion will be: 1-9

Prior to signing this authorisation slip, please ensure that you have read the available *Risk Assessment Plan*.

Child Name: _____

Parent Name: _____

Parent Contact Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

In the event that an alternate excursion is scheduled due to weather or other unforeseen circumstances, you will be notified by email the relevant details as soon as they are finalised.

By signing this form, you acknowledge that you have read and understood the available Risk Assessment Plan and that you agree for your child to attend the planned or the alternate excursion, if applicable. Copies of our policies and procedures relating to the transportation of children are available at the service.

Parent Signature: _____

Date _____



Vacation Care Excursion Authorisation Form

Service Name: CHERRYBROOK OOSH **Date of Excursion:** 9th October 2026

Reason child is leaving the Program premises: To participate in a planned Excursion

Description of proposed pick-up location: Cherrybrook OOSH

Description of proposed destination: Powerhouse Museum, Castle Hill

Address of Excursion venue: Cnr Showground Road and Green Road, Castle Hill

Description of proposed activities while at Excursion Venue: Walking around a museum

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Method of seat belted Transport to/from the Program to the Excursion Venue: Bus/Private Coach Charter

Bus Company providing Transport: North Sydney Bus Charters

Time of departure from Program: 9.30am

Time of arrival back to Program: 2.00pm

Anticipated number of children likely to attend excursion: 64

Anticipated number of staff likely to attend excursion: 7

The anticipated educator-to-child ratio for the excursion will be: 1-9

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Prior to signing this authorisation slip, please ensure that you have read the available *Risk Assessment Plan*.

Child Name: _____

Parent Name: _____

Parent Contact Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

In the event that an alternate excursion is scheduled due to weather or other unforeseen circumstances, you will be notified by email the relevant details as soon as they are finalised.

By signing this form, you acknowledge that you have read and understood the available Risk Assessment Plan and that you agree for your child to attend the planned or the alternate excursion, if applicable. Copies of our policies and procedures relating to the transportation of children are available at the service.

Parent Signature: _____

Date _____