

Vacation Care Mary Immaculate Excursion Authority Form

Flip Out – Castle Hill

As part of Ambrose vacation care program, we are excited to be running a fun excursion for our children. Parents and/or guardians are required to complete this Authority Form providing consent for their child to attend.

Risk assessments have been conducted and are available at the service.

Date of Excursion	6.7.22	Cost	\$90
Description of destination and excursion Address	Flip Out Castle Hill 2/16-18 Anella Ave, Castle Hill NSW 2154 *Copy of proposed route and travel itinerary located at service in risk assessment		
Estimated time of departure from COSHC	10:45am	Estimated time of arrival at excursion address	11:15am
Estimated time of departure from excursion address	1:45pm	Estimated time of return to COSHC	2:15pm
Mode of Transport	Children will travel by private, chartered bus *where possible private chartered buses will include seatbelts		
Number of Children anticipated to attend excursion	Approx 30	Number of Educators anticipated to attend excursion	Minimum of 6 *When on excursions, COSHC maintains a ratio of 1 educator per 8 children.
Proposed Activities	2 Hour Session at Flip Out Castle Hill – Indoor trampolines and foam pits		
What children are required to wear and bring	When attending Vacation Care, children must wear sun-safe clothing with sleeves & collar, enclosed sports shoes, socks & a sun-safe hat (legionnaire or bucket hat with wide brim) for all outdoor play and excursions. Morning tea and lunch should be packed each day.		
Emergency contact number during excursion	0417 203 333	Name of Educators attending with first aid qualification	Daniel Knibbs Amy Shelton Simran Pannu

Authority Form

I give consent for my child to attend the excursion to Flip Out Castle Hill with COSHC Mary Immaculate.

Childs Name			
Parent/Guardian Name			
Parent/Guardian Signature			
Date Signed		My contact details on this date will be	

Vacation Care **Mary Immaculate** Excursion Authority Form

Hoyts - Blacktown

As part of Ambrose vacation care program, we are excited to be running a fun excursion for our children. Parents and/or guardians are required to complete this Authority Form providing consent for their child to attend.

Risk assessments have been conducted and are available at the service.

Date of Excursion	14.7.22	Cost	\$85
Description of destination and excursion Address	Hoyts Blacktown Patrick St, Blacktown NSW 2148 *Copy of proposed route and travel itinerary located at service in risk assessment		
Estimated time of departure from COSHC	9:30am	Estimated time of arrival at excursion address	10:00am
Estimated time of departure from excursion address	12:30pm	Estimated time of return to COSHC	1:00pm
Mode of Transport	Children will travel by private, chartered bus *where possible private chartered buses will include seatbelts		
Number of Children anticipated to attend excursion	Approx 40	Number of Educators anticipated to attend excursion	Minimum of 8 *When on excursions, COSHC maintains a ratio of 1 educator per 8 children.
Proposed Activities	Movie session at Hoyts Blacktown		
What children are required to wear and bring	When attending Vacation Care, children must wear sun-safe clothing with sleeves & collar, enclosed sports shoes, socks & a sun-safe hat (legionnaire or bucket hat with wide brim) for all outdoor play and excursions. Morning tea and lunch should be packed each day.		
Emergency contact number during excursion	0417 203 333	Name of Educators attending with first aid qualification	Daniel Knibbs Amy Shelton Simran Pannu

Authority Form

I give consent for my child to attend the excursion to Hoyts Blacktown with COSHC **Mary Immaculate**.

Childs Name			
Parent/Guardian Name			
Parent/Guardian Signature			
Date Signed		My contact details on this date will be	