

Faith OSHC

WHS.001 Excursion Permission Form



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Excursion destination
Specific area of school to be visited, i.e library.

Cineplex Victoria Point & Cascade Gardens

Date(s) of excursion

If multiple dates list all or indicate pattern. i.e 1st Monday each term.

Wednesday, 30th March 2016

Purpose for excursion and details of Activities to be undertaken during excursion

To visit the cinemas to see Kung Fu Panda 3, and to stop at Cascade Gardens on the way back for McDonald's in the park.

Details of Departure and Arrival Times

Estimated departure time and arrival at destination

9.00 AM PM 9.30 AM PM

Estimated departure time and return to Service

11.30 AM PM 1.30 AM PM

Method of transport

Walking

Details of adults accompanying the children

Full Name	Position/Role	Qualification	Blue Card	First Aid
Simon Kohlman	Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
To Be Advised			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Total number of children

TBA

Details of the children participating
(group name is sufficient; 'Unit 1' or ASC as per Roll)

As per roll

Total number of adults

1:8

Details of Hazard and Risk management undertaken
i.e indicate form number of WHS.012 Hazard & Risk Form completed

Please see risk assessment

Parent/Guardian to complete

I hereby give permission for my child

to attend the excursion as outlined above. I have been provided with full details of the excursion including date, time, destination, estimated travel time, activities to be undertaken and method of transport **prior** to the excursion occurring.

Parent/Guardian Name & Signature

Date

Faith OSHC

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Excursion destination
Specific area of school to be visited, i.e library.

Fordsdale Farmstay

Date(s) of excursion
If multiple dates list all or indicate pattern. i.e 1st Monday each term.

Friday, 1st April 2016

Purpose for excursion and details of Activities to be undertaken during excursion

Horse riding, 4WDing and activities

Details of Departure and Arrival Times

Estimated departure time and arrival at destination

8.00 AM PM 10.00 AM PM

Estimated departure time and return to Service

2.30 AM PM 4.30 AM PM

Method of transport

Bus

Details of adults accompanying the children

Full Name	Position/Role	Qualification	Blue Card	First Aid
Simon Kohlman	Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
To Be Advised			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Total number of children

20

Details of the children participating
(group name is sufficient; 'Unit 1' or ASC as per Roll)

As per roll

Total number of adults

4

Details of Hazard and Risk management undertaken
i.e indicate form number of WHS.012 Hazard & Risk Form completed

Please see risk assessment

Parent/Guardian to complete

I hereby give permission for my child

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Parent/Guardian Name & Signature

Date

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Excursion destination <i>Specific area of school to be visited, i.e library.</i>	Australia Zoo	Date(s) of excursion <i>If multiple dates list all or indicate pattern. i.e 1st Monday each term.</i>	Monday, 4th April 2016
Purpose for excursion and details of Activities to be undertaken during excursion	Exploring the park, watching animal shows	Details of Departure and Arrival Times Estimated departure time and arrival at destination 8.00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 10.00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Estimated departure time and return to Service 2.30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> 4.30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
Method of transport	Bus		

Details of adults accompanying the children

Full Name	Position/Role	Qualification	Blue Card	First Aid
Simon Kohlman	Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
To Be Advised			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Total number of children	40	Details of the children participating (group name is sufficient; 'Unit 1' or ASC as per Roll)	As per roll
Total number of adults	5		

Details of Hazard and Risk management undertaken <i>i.e indicate form number of WHS.012 Hazard & Risk Form completed</i>	Please see risk assessment
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Parent/Guardian to complete

I hereby give permission for my child

to attend the excursion as outlined above. I have been provided with full details of the excursion including date, time, destination, estimated travel time, activities to be undertaken and method of transport **prior** to the excursion occurring.

Parent/Guardian Name & Signature	<input type="text"/>	Date	<input type="text"/>
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Excursion destination
Specific area of school to be visited, i.e library.

AMF Bowling

Date(s) of excursion
If multiple dates list all or indicate pattern, i.e 1st Monday each term.

Friday, 8th April 2016

Purpose for excursion and details of activities to be undertaken during excursion

Bowling followed by lunch at the venue

Details of Departure and Arrival Times

Estimated departure time and arrival at destination

9.30 AM PM 10.00 AM PM

Estimated departure time and return to Service

12.30 AM PM 1.00 AM PM

Method of transport

Bus

Details of adults accompanying the children

Full Name	Position/Role	Qualification	Blue Card	First Aid
Simon Kohlman	Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying Bach. of Education (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
To Be Advised			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Total number of children

TBA

Details of the children participating
(group name is sufficient; 'Unit 1' or ASC as per Roll)

As per roll

Total number of adults

1:8

Details of Hazard and Risk management undertaken
i.e indicate form number of WHS.012 Hazard & Risk Form completed

Please see risk assessment

Parent/Guardian to complete

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Parent/Guardian Name & Signature

Date