



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

Inflatable World

Date(s) of excursion

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

Monday July 4, 2016

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

Walk to Inflatable World to use their inflatable equipment.

Details of Departure and Arrival Times

Estimated departure time and arrival at destination

9.15 AM  PM  9.30 AM  PM

Estimated departure time and return to Service

12.00 AM  PM  12.15 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 BA.Ed (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying BA.Ed (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.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



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

Bellingham Maze

Date(s) of excursion

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

Wednesday July 6, 2016

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

Visiting Bellingham Maze to complete the maze and play some mini golf

Details of Departure and Arrival Times

Estimated departure time and arrival at destination

8.30 AM  PM  10.30 AM  PM

Estimated departure time and return to Service

1.30 AM  PM  3.30 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 BA.Ed (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying BA.Ed (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.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

# Faith OSHC

## WHS.001 Excursion Permission Form

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

Queensland Museum & Science Centre

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

Friday July 8, 2016

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

Take a trip to the Science Centre to extend our science investigation at OSHC.

### Details of Departure and Arrival Times

Estimated departure time and arrival at destination

9.00 AM  PM  10.00 AM  PM

Estimated departure time and return to Service

3.00 AM  PM  4.00 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 BA.Ed (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying BA.Ed (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.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



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

**Eprapah Creek**

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

**Monday July 11, 2016**

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

**To learn some Scout skills, as an extension from our camping Day in the Christmas holidays**

Method of transport

**Walking**

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

11.00 AM  PM  11.30 AM  PM

Details of adults accompanying the children

Full Name	Position/Role	Qualification	Blue Card	First Aid
Simon Kohlman	Service Leader	Studying BA.Ed (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kaitlyn Besgrove	Assistant Service Leader	Studying BA.Ed (Primary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			<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**

Total number of adults **5**

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

**As per roll**

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