

## **EXCURSION AUTHORISATION**

KATH DICKSON FAMILY DAY CARE METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

Educator Name			
Excursion type		□ Regular	
		□ Irregular	
Date completed			
Regular outing (excursion): mean	ns a walk, drive or trip to and f	rom a destination that the service visits	regularly as part of its
educational program, and where the circumstances relevant to the risk assessment are substantially the same on each outing			he same on each outing.
Note: If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period			
Irregular excursion date			
For regular excursions day of the week		☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	
A separate authorisation for each day of the week is		☐ Saturday ☐ Sunday	
required			
Frequency of Excursion		☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Term time only	
If this is fortnightly or monthly excursion please attach a			
calendar of excursion dates			
Destination and address			
Proposed activities to be undertaken by the child during the			
excursion			
Estimated departure time to the destination:		Estimated arrival time:	
Estimated departure time from the destination:		Estimated arrival time:	
Means of transport			
Total number of children involved in the excursion			
Have requirements for seatbelts or child restraints been met for each child?		☐ Yes ☐ No	
The number of educators / responsible adults, appropriate			
to provide supervision, and whether any adults with			
specialised skills are required.			
Educator to child ratio			
CHILDREN ATTENDING			
CHILDS NAME	CHILD RESTRAINT USED	NAME OF PARENT	PARENT SIGNATURE
A risk assessment has been prepared and is available at the service upon request			