

EXCURSION AUTHORISATION

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

Educator Name		✓ Test Educator										
Excursion type		☐ Regular ☐ Irregular										
		from a destination that the service vis										
educational program, and where	the circumstances relevant to	o the risk assessment are substantiall	ly the same on each outing.									
Note: If the excursion is a regular	outing, the authorisation is c	only required to be obtained once in a	a 12 month period									
Irregular excursion date		~										
For regular excursions day of the		☐ Monday ☐ Tuesday ☐ Wednesd	day 🗆 Thursday 🗆 Friday									
A separate authorisation for each	n day of the week is											
required		✓ Weekly □ Fortnightly □ Monthly □ Term time only										
Frequency of Excursion If this is fortnightly or monthly ex	vourcian places attach a	Li Weekiy Li Fortnightiy Li Monthi	ly Li Term time only									
calendar of excursion dates	cursion please attach a	Map attached										
Destination and address		Jessica park - Butterfly garden										
		Nicklin Way, Kawana										
Proposed activities to be underta	ken by the child during the	Ball games, picnic for morning tea, use playground equipment, explore										
excursion		the garden, observe wildlife										
Estimated departure time to the	destination: 0900	Estimated arrival time: 0910										
Cationata d dan automa tiona fua un t	ha daskinski su.	Estimated aminutation 1140										
Estimated departure time from t	ne destination: 1130	Estimated arrival time: 1140										
Means of transport		car										
		Cai										
Total number of children involved	d in the excursion	✓ ⁴										
Have requirements for seatbelts	or child restraints been met	☐ Yes ☐ No										
for each child?												
The number of educators / respo		1 Educator										
to provide supervision, and whet	her any adults with											
specialised skills are required.												
Educator to child ratio		1:4										
CHILDREN ATTENDING												
CHILDS NAME	CHILD RESTRAINT USED	NAME OF PARENT	PARENT SIGNATURE									
Jim Smith	Front Facing	Joan Smith	N									
John Smith	Front Facing	Joan Smith	M									
Jenny Smith	Rearward Facing	Joan Smith	\sim									
Jo Smith	Booster Set	Joan Smith	V									
A risk assessment has been prepa	ared and is available at the se	rvice upon request	l									

2024																												
		Ja	ınua 1	У			Febmaiy							March							April							
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