COLONEL LIGHT GARDENS PRIMARY SCHOOL VACATION CARE: EXCURSION FORM

I give.............................. permission to participate in these planned excursions (Please tick where applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Excursion** | **Purpose** | **Date** | **Means of transport** | **Time frame** | **Destination** | **Items taken** | **Number of children** | **Number of staff** | **Ratio of children** |
| **SA Maritime Museum and Dolphin Cruise**  | Excavate and find artifacts, learn the history of people who lived here before us | 1/10/13 | Private bus | 9am-2 pm | Lipson St Port Adelaide | .mobile phone. attend/ rec.emerg/ con.first aid kits | **45** | **7** | 1:8 |
| **Mitcham Cinemas** | View Movie | 4/10/13 | Private bus | 9am-2 pm | Mitcham CinemasMitcham | .mobile phone. attend/ rec.emerg/ con.first aid kits | 45 | 7 | 1:8 |
| **North Adelaide Golf LInks** | Be instructed in rules of how to play golf. | 9/10/13 | Private bus | 9am-2 pm | War Memorial Drive, North Adelaide | ..mobile phone. attend/ rec.emerg/ con.first aid kits | 45 | 7 | 1:8 |
| **Botanic Gardens and Popeye cruise** | Indigenous walk. | 10/10/13 | Private bus | 9am-2 pm | North Tce Adelaide | .mobile phone. attend/ rec.emerg/ con.first aid kits | 45 | 7 | 1:8 |

Medication Required: YES/NO

If yes, details....................................................

Emergency phone number: .................................Signature:................................................