

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
Marion Culture Centre	To extend awareness of theatre and self expression	2/7/12	Private bus	Two hours	Marion	.mobile phone .attendance records .emergency contacts .first aid kits	39	6	1:8
Team Trampoline	To improve balance, co-ordination and enhance gross motor skills	6/7/12	Private bus	Three hours	Norwood Parade	.mobile phone .attendance records .emergency contacts .first aid kits	39	6	1:8
Roller Skating	To Enhance gross motor skills, balance and co-ordination.	11/7/12	Private bus	Two hours	Blackwood Rec Centre	.mobile phone . attendance records .emergency contacts .first aid kits	39	6	1:8
Movies	Relaxation, awareness of community events.	13/7/12	Private bus	Two hours	Mitcham Shopping Centre	.mobile phone . attendance records .emergency contacts .first aid kits	39	6	1:8

Medication Required: YES/NO

If yes, details.....

Emergency phone number:

Signature:.....