

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
Guide Dog Discovery Centre	To give children the opportunity to see how visually impaired people live on a daily bases.	26/9/12	Private bus	Four hours	Adelaide City	.mobile phone .attendance records .emergency contacts .first aid kits	45	7	1:8
Adelaide Crows Aami stadium	To explore the training facility of the Adelaide Crows.	2/10/12	Private bus	Four hours	West Lakes	.mobile phone .arrendence records .emergency contacts .first aid kits	45	7	1:8
Movies	Relaxation, awareness of community events.	5/10/12	Private bus	Four hours	Mitcham Shopping Centre	.mobile phone . attendance records .emergency contacts .first aid kits	45	7	1:8

Medication Required: YES/NO

If yes, details.....

Emergency phone number:

Signature:.....