

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
Movies	Relaxation, awareness of community events.	16/04/13	Private bus	Two hours	Mitcham Shopping Centre	*mobile phone *attendance records *emergency contacts list *first aid kits	45	6	1:8
Woodhouse-Challenge Hill	For children to use their gross and fine motor skills.	19/04/13	Private bus	Five hours	Stirling	*mobile phone *attendance records *emergency contacts list *first aid kits	45	7	1:8
Marion Culture Centre	For children to enjoy and observe a live production of hip hop dancing.	22/04/13	Private bus	Two hours	Marion Centre	*mobile phone *attendance records *emergency contacts list *first aid kits	45	6	1:8
Botanic Gardens	To explore and investigate the natural surroundings of the garden.	24/04/13	Private Bus	Five hours	Adelaide	*mobile phone *attendance records *emergency contacts list *first aid kits	45	6	1:8

Medication Required: YES / NO

If yes, details.....

Emergency phone number:

Signature:.....