

# 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
<b>Ice Skating</b>	To develop whole body movement	17/12/13	Private bus	9am-1 pm	Thebarton	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Mitcham Cinemas</b>	View a movie (to be advised)	20/12/13	Private bus	9am-1 pm	Mitcham Cinemas	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Marion Leisure Centre</b>	To participate in physical activity	8/1/14	Private bus	9am-3 pm	Marion	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Marion Aquatic Centre</b>	To develop their swimming skills	9/1/14	Private bus	9am-3 pm	Marion	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Mitcham Cinemas</b>	View a movie (to be advised)	14/1/14	Private bus	9am-1pm	Mitcham Cinemas	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Hahndorf</b>	To explore and discover Hahndorf	15/1/14	Private Bus	9am- 3pm	Hahndorf	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Marion Culture Centre</b>	To widen their arts appreciation	21/1/14	Private Bus	9am- 1pm	Marion	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8
<b>Victor Harbor</b>	To lean about whales in South Australia	23/1/14	Private bus	9am- 3pm	Victor Harbor	.mobile phone . attend/ rec .emerg/ con .first aid kits	45	7	1:8

Medication Required: YES/NO

If yes, details.....

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