

# 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
Wood House Campsite	Physical fitness challenges & social interaction	16/04/14	Private bus	4-5 hours	Piccadilly	.mobile phone .attendance records .emergency contacts .first aid kits	Maximum 45	6	1:8
Hahndorf Farm Barn	To investigate plant and animal life through direct experience	22/04/14	Private bus	4-5 hours	Hahndorf	.mobile phone .attendance records .emergency contacts .first aid kits	Maximum 45	6	1:8
Movies	Relaxation, awareness of community events.	24/04/14	Private bus	Two hours	Mitcham Shopping Centre	.mobile phone .attendance records .emergency contacts .first aid kits	Maximum 45	6	1:8

Medication Required: YES/NO

If yes, details.....

Emergency phone number: .....

Signature:.....