## Excursion Permission Form – Non Routine

##### A family day care educator must ensure that a child who is being educated and cared for by the educator is not taken outside the residence or approved family day care venue on an excursion unless written authorisation has been provided by a parent or other person named in the child’s enrolment record. A non-routine excursion is a journey which is not regular, for example a trip to a shopping centre, zoo, school fair or train trip.

##### All sections of the Excursion Permission Form – Non-Routine **must** be completed for **each** excursion

 **EDUCATOR TO COMPLETE**

|  |  |
| --- | --- |
| **Name of child/ren** | **Date of birth** |
|       |       |
| **Excursion destination**  |       |
| **Reason for excursion** |       |
| **Date of excursion** |       |
| **The proposed activities to be undertaken by the child/ren during the excursion****(link to EYLF and MTOP)** |       |
| **Description of the destination for the excursion** |       |
| **The method and details of transport to be used for the excursion****Include pick up and drop off destinations, start and end points and stops**  |       |
| **Details of the requirements for seat belts and safety restraints to be met****Include the type of child restraint available to suit size and age of child, and if the parent will be providing the restraint** |       |
| **Period the child/ren will be away from the FDC premises** |       |
| **Anticipated number of children attending the excursion** |       |
| **Name of adults who will accompany and/or be supervising the children during transportation**  |       |
| **Anticipated ratio** |       |

|  |
| --- |
| A risk assessment for this excursion has been prepared and sighted by the parent/authorised person  |
| **Educator name** |       |
| **Educator signature** |  |
| **Date** |  |
| **Scheme** |  |

 **PARENT or AUTHORISED PERSON TO COMPLETE**

|  |
| --- |
| I give my permission for my child/ren to be taken out of the education and care FDC service by the educator to participate in this excursion. |
| I have sighted the risk assessment for this excursion. | **[ ]** yes **[ ]** no |
| **Parent/authorised person name** |       |
| **Parent/authorised person signature** |  |
| **Date** |  |
| **Contact phone number** |       |
| In the case of an emergency, this person will be available if I am unable to be contacted |
| **Name** |       |
| **Contact phone number** |       |