EXCURSION: Regulations 102 require written permission to be obtained prior to all transportation

I give permission for _____ (Educators name) to take my child/children to the excursion mentioned below

DATE OF EXCURSION: _____ Proposed **Activity/Educational Benefit:** please refer to risk assessment

Mode of transport ☐ CAR ☐ PRAM ☐ WALK ☐ PUBLIC TRANSPORT

Destination / Address (List each location travelled to and from as part of the excursion eg the service - departure time, museum – estimated arrival & departure time, park for lunch estimated arrival & departure time and time of return to service) **sample below**

Departure Time FDC Residence	Destination & Address	Arrival Time	Departure Time	Destination & Address	Arrival Time	Departure Time	Arrival Time FDC Residence
9:00am	Queens Park - Merle Finimore Ave	9:30am	10am	Ipswich Art Gallery - D'Arcy Doyle Place	10:15am	11:45am	12:00pm

Proposed Route (You can include an image of the route sourced online) _____

Approx. number of children attending: _____ Accompanying Adults _____ Water hazard **Yes / No**

Child Name Please add your own children – no signature required	**Restraints** Car Seat Booster Seatbelt	**Parent or Guardian Name**	**Parent or Guardian Signature**	**Date Signed**
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Plan & Review: Excursions need to be discussed with your coordinator prior. A copy of this form, risk assessment and map of route needs to be sent to office@choicesfdc.com.au

Educators are required to keep a copy of all excursion forms in a confidential place (for a maximum of 3 years) until the end of 3 years after the last date on which the child was educated and cared for by the service (reg 183)

I have discussed this excursion with my coordinator prior Ed Name: _____ Educators Signature: _____ Date: _____

Reviewed 7.12.2020