



PERMISSION FOR NON-ROUTINE EXCURSIONS AND OUTINGS – 5 WORKING DAYS PRIOR TO EVENT.

Educators Name:

Mobile No.....

Childs Full Name:..... D.O.B..... I give permission for my child to travel to (address/phone no)
..... by on the/...../.....

From: am/pm till am/pm. I understand the activities carried out during the excursion will be
..... Name of any other persons accompanying children on excursion.....

Anticipated number of children attending excursion

Ratio: 1 adult/s for 4 child/ren under school age. 1 adult/s for 7 children/ren over school age (pls refer to excursion policy)

Adult ratio for any excursion where there is a significant water hazard is:- 1 adult for each child under 3, 1 adult for each 2 children aged 3 or more.

Name of person with life saving skills

I give permission for my child/ren to go by:- Vehicle (rego no) Authorised Fitting Station Check Number..... Date of Expiry.....
 Scheme van – rego number (ZHG528) or (BH1 7JI) Walking

Please refer to definition in Transport policy for child restraints.

Risk Assessment completed and forwarded to BBFDC office? YES NO

Signed (parent / guardian): Date: Signed (educator): Date:

‘This information is being collected with the principles of the Privacy and Personal Information Protection Act 1998 and accordingly will only be used for the purpose of which it is being collected.’

PLEASE FORWARD TO THE OFFICE AT LEAST 5 WORKING DAYS PRIOR TO DATE OF PLANNED NON-ROUTINE EXCURSION.

2 COPIES WILL BE RETURNED via THE CO-ORD (educ & parent copy)

OFFICE USE ONLY: COPIED BY (INITIAL) DATE

ADMIN FORMS: EXCURSION FORM – NON ROUTINE