



QPCYWA School Age Care Excursion Permission Form

Private & Confidential



1. Excursion Details

Date: Monday 2nd April 2012
 Cost: \$20.00 (Children who are participating from Nth Stradbroke Is will be picked up at 9am) from Big Red Cat

Destination/Venue:
 Dracula's Haunted House – 1 Hooker Blvd, Broadbeach QLD
 Pratten Park - Old Burleigh Road Park, Broadbeach QLD
 Broadbeach Beach

Departure from PCYC	9:30 am	Time Pick up for Nth Stradbroke Is Participants	9:00 am
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Estimated time of Pick up PCYC	5.30 pm	Estimated time Drop off for Nth Stradbroke Is Participants	5 pm
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Children will be travelling by.

Bus	<input type="checkbox"/>	Mini Bus	<input type="checkbox"/>
Train	<input type="checkbox"/>	Walking	<input type="checkbox"/>
Private Vehicle	<input type="checkbox"/>		

Restraints Fitted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please Note. Staff :Child Ratio
 Child Care Regulation 2003 Regulation 95 (1) ©
 For children who are at least school age = 1 adult:8 Children
 During Swimming Excursions Regulation 93(2) ©
 For children who are at least school age:- 1 adult:5 children.

2. Activities & Routine for the Excursion

Trip to Dracula's Haunted House for a tour of the haunted house (Please note that this excursion may not be suited to your child if they are under the age of 10) With completion of our tour we will then travel to Pratten Park for a BBQ lunch followed by sporting games on the beach.

3. Children will need to bring

- Morning Tea
- Afternoon Tea
- Limited Spending Money (optional)
- Swimwear (optional)
- Water bottle
- Sunscreen
- Sun Smart clothing
- Day Pack optional

4. Parent / Guardian Attendance

I will be attending the Excursion
 Yes No

5. Medical Authorisation

I authorise the Staff Member in charge of the Excursion to consent, where it is impracticable to communicate with me to regarding my Chid (ren).

Child 1.	<input type="text"/>	Child 2.	<input type="text"/>
	D.O.B		D.O.B
Child 3.	<input type="text"/>	Child 4.	<input type="text"/>
	D.O.B		D.O.B

Receiving such medical or surgical treatment as may be deemed necessary & I will cover all costs related to my child's care.
 If your child will require medication during the excursion please complete a medication form prior to the excursion date.

Parent/Guardian Signature _____

Signed _____

Dated _____

Medicare Number: _____

Private Health Cover: Yes / No
 Number: _____

6. Emergency Contact Details

Contact Person 1.
 Name _____ Phone No. _____

Contact Person 2.
 Name _____ Phone No. _____

7. Parent Permission

I hereby give permission for my child(ren)

Child1	<input type="checkbox"/>	Child 2.	<input type="checkbox"/>
Child3	<input type="checkbox"/>	Child 4.	<input type="checkbox"/>

To attend the above excursion and activities on the Date 2nd April 2012

For any additional children please ask one of our staff to provide you with extra forms.

Parent/Guardian Signature _____

Office Use Only:

Payment Received	<input type="checkbox"/>	Medication	<input type="checkbox"/>	N	<input type="checkbox"/>
Entered into Squirrel	<input type="checkbox"/>				



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THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN

MEDICAL FORM FOR STRENGTH 4 LIFE EASTER 2012

The purpose of this form is to provide a written source of information regarding individuals who are participating in activities provided by PCYC. The form is an important legal document which must be read, understood and signed by you before the child can participate in the activity. The form requires you to acknowledge certain matters relevant to the activity and the risks associated with participation in it. It also contains a waiver, release and indemnity in favour of PCYC.

This form must be completed, signed and received by PCYC prior to the activity commencing. If it is not, your child cannot participate in the activity. Should you have any queries in relation to the form please do not hesitate to contact us.

Parent/Guardian Name: _____ Relationship _____

Address _____

Day Telephone _____ Night Telephone _____

Name of Alternate Contact: _____ Relationship _____

Address _____

Day Telephone _____ Night Telephone _____

Other Emergency Details

Medicare number _____ Health Care Card _____

Private health cover details _____

1. Does the participant have any dietary requirements that need to be catered for?

2. Is there any custody related information we should be aware of?

3. What is the participants swimming ability? (please tick)

- Unable to Swim Poor Good Excellent Not Sure

4. Does the participant have (or ever had) the following conditions?

- | | | | |
|-----------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Damage | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug Reactions | <input type="checkbox"/> Muscular Damage | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Phobias | <input type="checkbox"/> Sensory Disability |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Other Recent Illness |

If you answered YES to any of the above, please provide details below. If the space provided is inadequate for a complete description, or there is any other condition or circumstance we should be aware of that is not covered here, please provide details on a separate sheet of paper and attach it to this form.



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5. Has the participant had a tetanus booster?

YES NO Date of last booster? _____
(please tick)

I/we the undersigned being the participant/parent/legal guardian of the above-named participant hereby certify that the medical and emergency details provided above are true and correct.

Parent or Legal Guardian _____ _____ _____ / ____ / ____
(if participant under 18) **Print Name** **Signature** **Date**

ACKNOWLEDGEMENT

I/we hereby certify that all details I have provided on this form are true and correct. I understand and agree that:

- this activity is 100% drug and alcohol free.
- safety is the highest priority and that behaviour which compromises safety is unacceptable.
- failure to follow instructions may result in exclusion from the activity and being sent home at my expense and that no refund will be provided.

I/we the undersigned being the participant/parent/legal guardian of the above-named participant hereby give permission for(participants name) to travel by motor vehicle and bus to participate in this activity.

I/we the undersigned being the participant/parent/legal guardian of the above-named participant, acknowledge that all activities entered into by myself/my son/my daughter/my ward contain an element of risk and I/my son/my daughter/my ward must take reasonable care whilst participating in activities.

I/we further authorise PCYC to obtain all necessary medical treatment which may be required by me/my son/my daughter/my ward including any anaesthetic or surgical attention which may be prescribed by an appropriately qualified medical practitioner. I/we acknowledge that the costs of any such treatment, including evacuation and transport, shall be my/the participant's responsibility solely.

I/we authorise PCYC to use photos/images of myself/my son/my daughter/my ward in any media release, website or promotional materials.

I acknowledge that I am responsible for meeting any costs incurred as a result of failing to attend at the program after travel arrangements have been confirmed.

Participant _____ _____ _____ / ____ / ____
(always required) **Print Name** **Signature** **Date**

Parent or Legal Guardian _____ _____ _____ / ____ / ____
(if participant under 18) **Print Name** **Signature** **Date**