

**REGULAR OUTING PERMISSION FORM FOR PARENTS**

As part of the program offered to the children at Kindergarten, we will be making regular visits, throughout the year into our local community. This regular outing is close to the Kindergarten and will/will not require additional adults, occasionally we may ask parents to come and help us. We will ask parents to participate in the week before.

| Name of service  |   |   |   |  |  |
|--|---|---|---|--|--|
| Name of group  |   |   |   | Anticipated staff/child Ratio:           |  |
| Proposed number of children  |   |   |   | Anticipated adults/volunteers attending: |  |
| We will be away from the service from                                  |   | AM <input type="checkbox"/> PM <input type="checkbox"/> | AM <input type="checkbox"/> PM <input type="checkbox"/> |  |  |
| We will be making regular visits, throughout the year to the following |   |   |   |  |  |
| Where will we go?  | What is the address?                                  | How will we get there? e.g. walk                        | Proposed Activity?                                      | Specific Risks (if relevant)             |  |
| E.G. Taylors Lakes Primary School Library                              | E.G Cnr Barbary Crescent & Bank Street, Taylors Lakes | E.G Walking   | E.G Familiarisation of School                           |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |
|  |   |   |   |  |  |

A Risk Assessment has been prepared for each outing and is available at the Kindergarten if you would like to see it, please discuss this with the Teacher.

I give permission for \_\_\_\_\_ (name of child) to attend the routine outings described above.

I agree that my child shall be subject to the supervision of staff members in charge of the regular outing.

I authorise the staff member in charge of the regular outings, to consent to my son/daughter receiving such medical or surgical treatment or ambulance transport as may be necessary.

I understand that on the day of the routine outing there will be a sign next to the attendance book notifying parents that children will be going on a routine outing, the address and the expected time of departure and how long we will be away from the service.

Name of  
Parent/Guardian

Signature of  
Parent/Guardian

Date

Phone number  
on the day

Any adult/parent participating in a regular outing will be under the direct supervision of a staff member or an approved provider representative while assisting in the supervision and care of children on the regular outing. All volunteers assisting with the regular outing will be required to complete the ECMS Excursion Volunteer Form prior to the regular outing.

Siblings of children attending the service will be unable to attend.

Please note that all Education and Care Services Regulations and ECMS Policies will continue to apply to staff, children and volunteers while on regular outings. (Sunsmart, No Smoking etc.).