



MACKAY CHRISTIAN COLLEGE

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OSHCare – Vacation Care Excursion Notification Form **Yr 3 – Yr 7**

Child/ren Name/s: _____

Parent/Caregiver Name: _____

Parent/Caregiver Mobile number: _____

Emergency Contact person: _____

Emergency Contact number: _____

Medical Conditions: _____

Excursion Type: _____ Mackay Driving Range and Putt Putt

Purpose of Excursion: _____ Develop skill and cognitive practice

Date: _____ 15 January 2025

Who: _____ MCC Outside School Hours Care children (Prep – Year 7)

Where/address: _____ 1 Harveys Rd, Mackay

Planned Activities: _____ Golf driving and Putt Putt

Departure & Returning Time: _____ Depart 17 Ambrose way 09:45 and Return 1:00 pm

Approx Travelling Time: _____ 10 – 15 Min

Transport/Access to Seatbelts: _____ Bus / Seatbelts provided

Approx Cost: _____ \$25.00 (\$9.00 more on \$15.00 inc/exc cost)

What to Wear: _____ Comfortable sun safe clothing, enclosed shoes (no thongs or crocs), bucket
Hat

What to Bring: _____ small snack / fruit, Labelled water bottle

Anticipated No. of Children: _____ 40

Anticipated Adult/Child Ratio: _____ 1/10

Anticipated No. of Supervising Staff: _____ 5/6

Persons in Charge: _____ Mrs Chantal Maritz and Staff rostered for the day

A risk assessment for activities is available for viewing in the OSH room.

'I hereby give permission for my child/ren _____ to participate in the above-mentioned excursion. Where I am unable to be contacted or it is impractical to do so, I authorise the Persons in Charge/Responsible Person, to consent to my child/ren receiving medical or surgical treatment as may be deemed necessary.'

Signed: _____
(Parent/Caregiver)

Date: _____