



Vacation Care Excursion/Incursion Permission Form 2023

Child Name/s: _____

Emergency Contact Person: _____ Emergency Contact Number: _____

Tick applicable Incursions/Excursions below:

TICK	Date of Excursion	Name of Excursion or Incursion	Description and Planned Activities	Where/Address	Departure Time	Return Time	Approx. Travel Time
<input type="checkbox"/>	3 - 14 April 23	Use of Non OSHCare Area (Incursion)	Use of Power house undercover area, walkways, Ninja Play gym and oval.	MCC Providence Campus, 17 Ambrose Way, North Mackay	9:00am	4:30pm	N/A
<input type="checkbox"/>	4 April 23	Goose Ponds and John Breen Park (Excursion)	Walking to Goose Ponds to feed the geese and have a play at the park.	Malcolmson Street, Mackay	9:00am	12:30am	15 Min
<input type="checkbox"/>	6 April 23	Wet Day (Incursion)	Hire of water slide and water activities and games	MCC Providence Campus, 17 Ambrose Way, North Mackay	9:00 am	1:00pm	N/A
<input type="checkbox"/>	12 April 23	Construction Day (Incursion)	A variety of equipment to construct as well as a solar powered gadget.	MCC Providence Campus, 17 Ambrose Way, North Mackay	9:00 am	4:30pm	N/A
<input type="checkbox"/>	13 April 23	Mad Addiction Petting Zoo (Incursion)	Visiting petting zoo where children get to handle and feed a variety of young farm animals.	MCC Providence Campus, 17 Ambrose Way, North Mackay	11:30am	1:30pm	N/A

Approximate cost: Covered in the excursion day charge

Anticipated number of children: 60 **Anticipated adult/child ratio:** 1-10 **Anticipated number of supervising staff/adults:** 7

What to wear: Comfortable shoes with socks, and comfortable sun safe clothing. Sun safe hat. Bring a labelled water bottle.

Who: MCC OSH Care Children Prep - Year 7

Persons in charge: OSH Care Coordinator - Mrs Chantal Maritz 0432 669974

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

'I hereby give permission for my child/ren named above, to participate in the excursions/incursions I have ticked. Where I am unable to be contacted, or it is impractical to do so, I authorise the OSH Care Coordinator/Responsible Person, to consent to my child/ren receiving medical or surgical treatment as may be deemed necessary'.

Signed: _____ Printed Name: _____ Date: _____
(Parent/Caregiver)

Mrs Chantal Maritz
OSHCare Coordinator