



Vacation Care Cinema Excursion Permission Form

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| Child's Name / Class: | |
| Emergency Contact / Phone: | |
| Parent Name / Signature: | |
| Date: | |
| Excursion Type: | Cinema to watch Bad Guys 2 |
| Additional Cost above excursion Fee | \$17.50 |
| Consent to purchase Popcorn and drink | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Date: | 25 September 2025 |
| Address: | 13/29 Grandview Drive, Mount Pleasant, 4740 |
| Planned Activities: | All children and staff will embark the hired bus and college bus. Travel to the cinema, Disembark vehicles. Head count. We will get into groups. Get our popcorn and juice. Walk to cinema room and watch Bad Guys 2. |
| Departure Time: | 9:30 am |
| Returning Time: | Approx 1:00pm |
| Approx. Travelling Time: | 10 minutes each way by bus |
| Transport/ Access to Seatbelts: | Bus Fox chartered bus with seatbelts and College Mini Van |
| Anticipated No. of Children: | 60 |
| Anticipated Adult/Child Ratio: | 1:10 |
| Anticipated No. of Supervising Staff/Adults | 8 |
| What to Wear: | Enclosed shoes, socks, and MCC hat |
| What to Bring: | Water bottle (named) |
| Persons in Charge: Class Teachers | Chantal Martiz, Ana Barnes, Michelle Botha, Dominic Millar, Jade Bounden, all additional staff rostered for the day (TBC) |
| Risk Assessment, Transportation/Transition Policy: | A risk assessment and transport policy has been prepared and is available at the service |

'I hereby give permission for my child/ren named above, to participate in the excursions. I agree to pay additional costs where advised. Where I am unable to be contacted, or it is impractical to do so, I authorise the OSHCare Coordinator/ RP /Assistant in charge, to consent to my child/ren receiving medical or surgical treatment as may be deemed necessary.

PLEASE RETURN THIS FORM BY 10 SEPTEMBER 2025 IN ORDER TO CONFIRM POPCORN AND JUICE BUNDLES PURCHASE.

Signed: _____
(Parent/Carer)

Print Name: _____
(Parent/Carer)

Date: _____

Mrs Chantal Maritz
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