



OSHCare Incursion/Regular Outing Notification Form

Child/ren Name/s: _____

Parent/Caregiver Name & Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Incursion/Excursion Type:	MCC Junior Campus including Library, Powerhouse, Classrooms
Date:	Various times throughout the program
Where/address:	Providence Campus, 17 Ambrose Way, North Mackay
Who:	OSHCare children from Prep onwards
Description:	Local supervised excursions to areas in MCC Junior Campus grounds and directly surrounding area, i.e. bushland area at the back of Junior Campus, playgrounds and grass areas outside our licenced space, Powerhouse building, Library and shared space classrooms in Blue and Green Village, and undercover areas in Orange, Blue and Green Villages.
Planned Activities:	Supervised bush walks, organised group activities
Departure & Returning Time:	7:30 am & 5:30 pm
Approx. Travelling Time & Cost:	N/A
Anticipated No of Children:	22+
Anticipated Adult/Child Ratio:	1/10
Transport/Access to Seatbelts:	N/A
Persons in Charge:	OSHCare Coordinator, Mrs Chantal Maritz

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

Signed: _____
(Parent/Caregiver)

Date: _____