



## OSHCare – Vacation Care Excursion Notification Form

Child/ren Name/s: \_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_

Parent/Caregiver Mobile number: \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_

Emergency Contact number: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

**Excursion Type:** PCYC visit  
**Purpose of Excursion:** Explore walking trails and use PCYC bike track  
**Date:** 17 January 2025  
**Who:** MCC Outside School Hours Care children (Prep – Year 7)  
**Where/address:** 33 Norris Rd, North Mackay  
**Planned Activities:** Walk from Providence over to PCYC through walking trail  
**Description:** ride own bikes and scooters  
**Departure & Returning Time:** 9:30am to 1:00pm  
**Approx Travelling Time:** 10 minutes each way  
**Transport/Access to Seatbelts:** Walking  
**Approx Cost:** Covered in the excursion day charge  
**What to Wear:** Comfortable enclosed shoes with socks, comfortable sun safe clothing & sun safe hat **(NO THONGS OR OPEN SHOES)**  
**What to Bring:** Labelled water bottle  
**Anticipated No. of Children:** 60  
**Anticipated Adult/Child Ratio:** 1/10  
**Anticipated No. of Supervising Staff:** 8  
**Persons in Charge:** OSHCare Coordinator, Mrs Chantal Maritz and Educators rostered

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 OSHCare Coordinator/Responsible Person, to consent to my child/ren receiving medical or surgical treatment as may be deemed necessary.'

Signed: \_\_\_\_\_  
(Parent/Caregiver)

Date: \_\_\_\_\_