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Excursion Form

Child's Full Name: _____

Excursion to: _____ Date of excursion: ____/____/____

Reason for excursion/ educational outcomes _____

Address of destination: _____

Description of destination: _____

Proposed activities to be undertaken: _____

Leave Service at: _____ Return by: _____

Total time away from service: _____ Total estimated travel time each way: _____

Schedule: Time: _____ Activity: _____

Time: _____ Activity: _____

Time: _____ Activity: _____

Time: _____ Activity: _____

Time: _____ Activity: _____

Educator in charge: _____ Qualification: _____

Phone number for contacting Educator on the excursion: _____

Other Educators/Assistants: _____

Other Volunteers: _____

Who are first aid qualified educators attending: _____

Total Number of Children: _____ Total Number of Adults: _____ Educator: Child Ratio: _____

Method of transport being used (please include vehicle registration and restraints if applicable):

Requirements carried by staff: ☐first aid kit ☐contact details ☐mobile phone
☐medication ☐permission forms ☐sunscreen
☐waterless handwash ☐ medication plans

Child's Food considerations/allergies: _____

Meal and Water Arrangements: _____

The cost of the excursion will be: _____

Please return this form with payment by the _____

Contingency plan:

In the event of _____ the following will occur.

Your child must wear enclosed shoes, shorts/ pants, if cold please provide a long sleeve shirt or jumper and a named water bottle.

Parent/ Guardians to Complete:

I _____, (parent/guardians name) give permission
for my child, _____, to participate in the excursion,
transportation, associated cost and all activities listed mentioned above.

**I understand any medications that are required to be administered on the day of the excursion will
require a medication form to be completed and given along with the medication, to the
nominated person in charge on the day of the excursion.**

I understand that a risk assessment has been prepared and is available at the Service.

Name of parent/guardian:

Signature of parent/guardian: _____ Date: ____/____/____