### EXCURSION PERMISSION FORM [2E]

**Service Name:** St Patrick’s OSHC  
**Suburb:** Beenleigh

#### EXCURSION 1

<table>
<thead>
<tr>
<th>Venue</th>
<th>Mc Donalds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue Address</td>
<td>38 George St Beenleigh 4207</td>
</tr>
<tr>
<td>Description of destination</td>
<td>Mc Donalds restaurant</td>
</tr>
<tr>
<td>Activities at venue</td>
<td>Children will place their own orders and pay for them on their own. Giving children money skills and choice.</td>
</tr>
</tbody>
</table>

**Day:** Tuesday  
**Date:** 9th December

**Transport Details**
- **Departure Time (approx):** 12.00pm
- **Return Time (approx):** 2.00pm

**Transport Type**
- ☐ Private Charter Bus  
- ☐ Public Bus  
- ☐ Train  
- ☐ Ferry  
- ★ Other (specify)

**Activities at venue**
Children will place their own orders and pay for them on their own. Giving children money skills and choice.

**Staffing**

<table>
<thead>
<tr>
<th>Staff Ratio</th>
<th>Based on safety and excursion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated number of children</td>
<td>24</td>
</tr>
<tr>
<td>Anticipated number of staff</td>
<td>2</td>
</tr>
</tbody>
</table>

**Seat Belts**
- ☐ Yes  
- ☐ No  
- ★ Not applicable

A risk assessment of this excursion has been conducted.

**PERMISSION EXCURSION 1**

I __________________________ hereby give permission for my child/children ______________________ to attend the above excursion and activities organised by the above named service. Contact Number for the day ____________________________

Parent/Carer Signature __________________________  
Date __________________________

#### EXCURSION 2

<table>
<thead>
<tr>
<th>Venue</th>
<th>Beenleigh Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue Address</td>
<td>45 York St Beenleigh 4207</td>
</tr>
<tr>
<td>Description of destination</td>
<td>Nursing Home</td>
</tr>
<tr>
<td>Activities at venue</td>
<td>Children will have the experience of giving and making someone very happy.</td>
</tr>
</tbody>
</table>

**Day:** Thursday  
**Date:** 11th December

**Transport Details**
- **Departure Time (approx):** TBA
- **Return Time (approx):**

**Transport Type**
- ☐ Private Charter Bus  
- ☐ Public Bus  
- ☐ Train  
- ☐ Ferry  
- ★ Other (specify)

**Activities at venue**
Children will have the experience of giving and making someone very happy.

**Staffing**

<table>
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<tr>
<th>Staff Ratio</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Anticipated number of staff</td>
<td>2</td>
</tr>
</tbody>
</table>

**Seat Belts**
- ☐ Yes  
- ☐ No  
- ★ Not applicable

A risk assessment of this excursion has been conducted.

**PERMISSION EXCURSION 2**

I __________________________ hereby give permission for my child/children ______________________ to attend the above excursion and activities organised by the above named service. Contact number for this day ____________________________

Parent/Carer Signature __________________________  
Date __________________________