## EXCURSION PERMISSION FORM Week 1

### Service Name: St Patricks OSHC  
**Suburb:** Beenleigh

### EXCURSION 1

| Venue | Baskin & Robbins  
| Venue Address | Shop 3, 112-116 City Road Beenleigh  
| Description of destination | Supporting local community and life skills made fun.  
| Activities at venue | The children will today use road skills and money skills to purchase their own ice cream at the local Baskin & Robbins shop in Beenleigh.  
| Staffing |  
| Staff Ratio | 1-15  
| Anticipated number of children | Max 30  
| Anticipated number of staff | 2  
| Transport Type |  
| Departure Time (approx): | 10.30am  
| Return Time (approx): | 12.30pm  
| Staffing |  
| Staff Ratio | 1-15  
| Anticipated number of children | Max 30  
| Anticipated number of staff | 2  
| Transport Type |  
| Departure Time (approx): | N/A  
| Return Time (approx): | N/A  

**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. Phone number for contact on this day is ___________________________.

**Parent/Carer Signature**
**Date**

### EXCURSION 2

| Venue | St Patricks OSHC  
| Venue Address | Tobruk St, Beenleigh QLD 4207  
| Description of destination | Service based  
| Activities at venue | Today the children will paint and decorate their very own Aussie Kangaroo to take home. He is a ceramic Kangaroo that can be used as a great desk organiser for homework.  
| Staffing |  
| Staff Ratio | 1-15  
| Anticipated number of children | Max 30  
| Anticipated number of staff | 2  
| Transport Type |  
| Departure Time (approx): | N/A  
| Return Time (approx): | N/A  

**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. Phone number for contact on this day ___________________________.

**Parent/Carer Signature**
**Date**