



St Jude's Early Learning Centre Local Environment Excursion Consent Form

This form is to allow your child to attend walking excursions around the local area of our preschool throughout the year your child attends St Jude's ELC. Please refer to the back of this permission form for the perimeter of the local area which our local excursions will be within.

Child details

First Name

Last Name

Date of Birth

Class

At St Jude's ELC we go on excursion's in our local area. These are inclusive of, but not exclusively, nature walks and local shop and park visits. All our excursions are within walking distance of the ELC. The child: educator ratio will always be to a minimum of 1:11.

Activities that may be undertaken on nature walks include tree climbing, using tools, puddle jumping, digging in the dirt, and enjoying nature in all weather.

Activities that may be undertaken whilst on an excursion to the local shops and parks include purchasing supplies, interacting with our local community, playing on park equipment, and feeling part of the community.

Risk assessments for each type of excursion are held in the ELC front office.

Consent

I give consent for my child to participate in the excursion and agree to delegate my authority to the Staff and Instructors involved. Such Educators and Instructors may take appropriate disciplinary action in accordance with school policy to ensure the safety, well-being and successful conduct of the students as a group, or individually in the aforementioned activities. I also authorise the Educators and Instructors to provide first aid, and to obtain necessary medical assistance should an accident occur. I undertake to pay all medical expenses incurred on behalf of the above student, including medical treatment, ambulance transfers and prescribed medications. I understand that it is my responsibility to notify the Preschool if my child's medical information changes throughout the year. I will ensure to send to school any puffers or medication needed. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

Name

Signature

Date

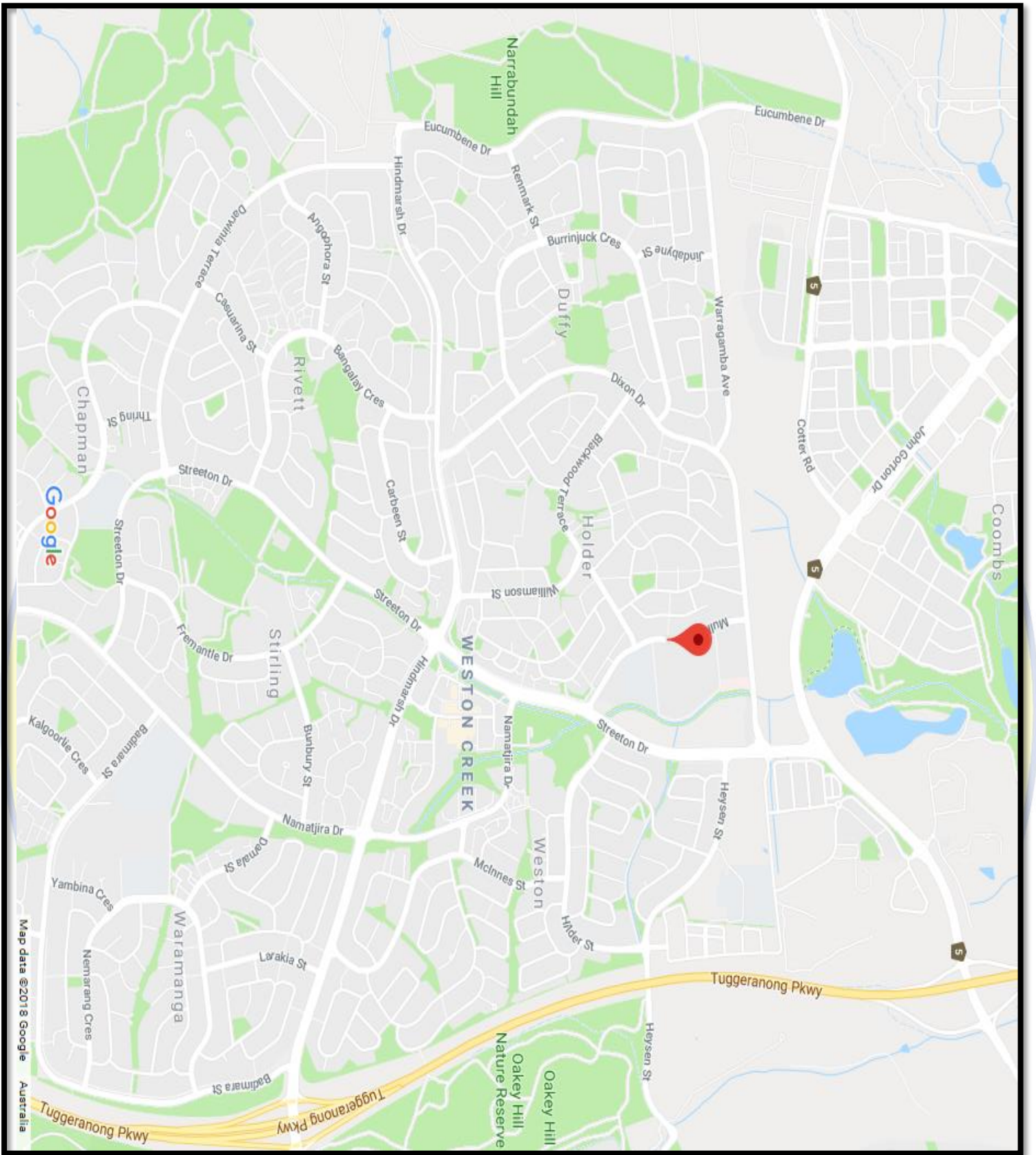
Mobile Phone

Home Phone

Work Phone

Email address

Perimeter of the local area which our local excursions will be within



Google

Map data ©2018 Google Australia

WARNING