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| EDUCATORS NAME:  |  |  |  |  | DATE: |
| **EXCURSION DESTINATION****Eg. Cheeky Pandas FDC Office, Manor Lakes Blvd Park** | **FREQUENCY****Eg. Daily, weekly** | **METHOD OF TRANSPORT****Eg.walking, car** | **PROPOSED LENGTH OF ABSENCE FROM THE RESIDENCE****Eg. 2 hours this may vary** | **PROPOSED ROUTE TO BE TAKEN AND SEQUENCE OF STEPS / ACTIVITIES****Eg. Name streets travelled to and from destination, school pick up/ drop off etc.** | **PURPOSE OF EXCURSION****Eg. As per program plan and linked outcome(s)- state what they are.** |
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| **EXCURSION DESTINATION** | **FREQUENCY** | **METHOD OF TRANSPORT** | **PROPOSED LENGTH OF ABSENCE FROM THE RESIDENCE** | **PROPOSED ROUTE TO BE TAKEN AND SEQUENCE OF STEPS / ACTIVITIES** | **PURPOSE OF EXCURSION** |
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| **EXCURSION DESTINATION** | **FREQUENCY** | **METHOD OF TRANSPORT** | **PROPOSED LENGTH OF ABSENCE FROM THE RESIDENCE** | **PROPOSED ROUTE TO BE TAKEN AND SEQUENCE OF STEPS / ACTIVITIES** | **PURPOSE OF EXCURSION** |
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| **EXCURSION DESTINATION** | **FREQUENCY** | **METHOD OF TRANSPORT** | **PROPOSED LENGTH OF ABSENCE FROM THE RESIDENCE** | **PROPOSED ROUTE TO BE TAKEN AND SEQUENCE OF STEPS / ACTIVITIES** | **PURPOSE OF EXCURSION** |
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| **\*For all above excursions** |  |  |  |  |  |
| **ACTIVITY** | **HAZARD IDENTIFIED** | **RISK ASSESSMENT** | **ELIMINATION / CONTROL MEASURES**  | **WHO** | **When** |
| Travel in Car | **Car accident, strangers, revolving doors, escalators, elevators, falls and trips** | **Moderate/High** | **Follow traffic rules, age appropriate car restraints, hold hands, supervision,** **stranger danger education, first aid and emergency supplies on site**  | **Educator** | **Always** |
|  |  **EXCURSION CHECKLIST** |
| First Aid Kit |  | Mobile Phone – fully charged | Fresh water and snacks |
| Contact information for each child/ adult |  | Medical information for each child/ adult e.g., plans | Child specific medications e.g. Ventolin |
| Small Esky for water, snack and medications |  | Nappies, change of clothes, hats, sunscreen etc. | Hand wipes for hygiene needs |
| **Number of children attending excursion:****1-4 Toddlers 1-7 school children****7 children in total** |  | **Educator to child ratio:****1-7 children** | **Number of educators/****parents/volunteers: May vary depending on excursion** |
|  | **Any adults that are in attendance need to have a current Working with Children’s Check. Copies are to be given to the** **co-ordination unit PRIOR to the excursion** |

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| **DECLARATION** |
| ***By signing this document, I give permission for my Educator to take my child/ren on the above documented excursion destinations. This form will be reviewed every 12 months.*** |
| CHILD / CHILDREN’S NAME: | PARENT /GUARDIAN NAME: | SIGNATURE:  | DATE: |
| CHILD / CHILDREN’S NAME: | PARENT /GUARDIAN NAME: | SIGNATURE:  | DATE: |
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| CHILD / CHILDREN’S NAME: | PARENT /GUARDIAN NAME: | SIGNATURE:  | DATE: |
| ***I agree to only take the children to the above documented excursion destinations.*** |
| EDUCATOR NAME:  | SIGNATURE: | DATE: |
| CO-EDUCATOR: | SIGNATURE: | DATE: |