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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: | |