Ι	Do / do not
Consent my child/chi	drento
Participate in an excu	sion
To <u>YMCA</u>	on <u>Tuesday 14th Dec and 4th Jan</u>
	alc St Stanthorpe
The cost of the excurs	
	held: Assorted Activities
	ill depart from the YMCA OSHC at and
return to the centre a	
Travel will be by <u>Foot</u>	Time of return
Time of departure	Time of return
Travel time <u>20mins</u>	
The staff member with	n emergency care training is <u>Madonna Einam</u>
	taff to8children
	n CPR training is <u>Madonna Einam</u>
The stan member with	ter Retraining is <u>madonna Entani</u>
Accompanying staff a	'e
	·
My son / daughter has	the following special needs (please provide full details
and include any releva	nt medical details)
0 0 1	mission for my child to receive medical treatment in case
of emergency.	
N.T.	
Name	Signature

<u>I</u> Do	o / do not
Consent my child/children	to
Participate in an excursion	
To Pool on Thursday 16th I Address of venue Talc St Stanthorpe	Dec
Address of venue Talc St Stanthorpe	
The cost of the excursion is \$ <u>2.00</u>	
Activities that will be held: Swimming Activates	
The children & Staff will depart from the YMCA OS	SHC at and
return to the centre at	
Travel will be by <u>Foot</u> .	
Time of departure Time of	return
Travel time <u>20mins</u>	
The staff member with emergency care training is <u>Ratios 1</u> Staff to 5 The staff member with CPR training is <u>Madonna I</u>	children
Accompanying staff are	
My son / daughter has the following special needs and include any relevant medical details) I give / do not give permission for my child to receive of emergency.	(please provide full details
Name:Signature:	

Date:_____Contact phone number:_____

IDo / do not
Consent my child/childrento
Participate in an excursion
To <u>Squash Courts</u> on <u>Tuesday 21st Dec and 18th Jan</u>
Address of venue <u>Railway St Stanthorpe</u>
The cost of the excursion is \$ <u>2.00</u>
Activities that will be held: <u>Squash</u>
The children & Staff will depart from the YMCA OSHC at and
return to the centre at
Travel will be by <u>Foot</u> .
Time of departure Time of return
Travel time <u>20mins</u>
The staff member with emergency care training is Madonna Einam
RatiosStaff to8children
The staff member with CPR training is <u>Madonna Einam</u>
Accompanying staff are
My son / daughter has the following special needs (please provide full details and include any relevant medical details)
I give / do not give permission for my child to receive medical treatment in case of emergency.

IDo / do not
Consent my child/childrento
Participate in an excursion
To <u>Storm King Dam</u> on <u>Thursday 23rd Dec</u>
Address of venue <u>Eukey Rd Stanthorpe</u>
The cost of the excursion is \$ <u>12.00</u>
Activities that will be held: Outside Activities and Sausage Sizzle
The children & Staff will depart from the YMCA OSHC at and
return to the centre at
Travel will be by <u>Bus</u> .
Time of departure Time of return
Travel time <u>40mins</u>
The staff member with emergency care training is Madonna Einam
Ratios <u>1</u> Staff to <u>8</u> children
The staff member with CPR training is Madonna Einam
Accompanying staff are
My son / daughter has the following special needs (please provide full details and include any relevant medical details)
I give / do not give permission for my child to receive medical treatment in case of emergency.

Name:	Signature:	
Date:	Contact phone number:	

IDo / do not
Consent my child/childrento
Participate in an excursion
To Granit Belt Maze on Thursday 13 th Jan
Address of venue Old Warwick Road The Summit
The cost of the excursion is \$25.00
Activities that will be held: <u>Maze and mini Golf</u>
The children & Staff will depart from the YMCA OSHC at and
return to the centre at
Travel will be by <u>Bus</u> .
Time of departure Time of return
Travel time <u>50mins</u>
The staff member with emergency care training is Madenna Finam
The staff member with emergency care training is <u>Madonna Einam</u>
Ratios <u>1</u> Staff to <u>8</u> children
The staff member with CPR training is Madonna Einam
Accompanying staff are
My son / daughter has the following special needs (please provide full details
and include any relevant medical details)
I give / do not give permission for my child to receive medical treatment in case
of emergency.

Name:	Signature:	
Date:	Contact phone number:	

<u>I</u>	_Do / do not
Consent my child/children	to
Participate in an excursion	
To Park and swimming on	<u>Tuesday 11th January</u>
Address of venue <u>Marsh/Talc St Stanthorp</u>	e
The cost of the excursion is \$2.00	
Activities that will be held: Morning Tea Play	-
The children & Staff will depart from the YMCA	OSHC at and
return to the centre at	
Travel will be by <u>Foot</u> .	
Time of departure Time	of return
Travel time <u>20mins</u>	
The staff member with emergency care training	
Ratios <u>1</u> Staff to <u>5</u>	
The staff member with CPR training is Madon	<u>na Einam</u>
Accompanying staff are	
Accompanying staff are	
My son / daughter has the following special nee	eds (please provide full details
and include any relevant medical details)	(preuse provide run details
I give / do not give permission for my child to r	eceive medical treatment in case
of emergency.	
~ .	

 Name:
 Signature:

Date:
 Contact phone number:

I	Do / do not
Consent my child/children	to
Participate in an excursion	
To Shake Rattle and Bowl on	<u>Thursday 6th Jan</u>
Address of venue <u>Railway St Stanthorpe</u>	
The cost of the excursion is \$ <u>15.00</u>	
Activities that will be held: Bowling and Pla	yground
The children & Staff will depart from the YMO	CA OSHC at and
return to the centre at	
Travel will be by <u>Foot</u> . Time of departure Tim	
Time of departure Time	ne of return
Travel time <u>20mins</u>	
The staff member with emergency care training	ng is <u>Madonna Einam</u>
Ratios <u>1</u> Staff to <u>8</u>	
The staff member with CPR training is <u>Mado</u>	nna Einam
Accompanying staff are	
My con / developments the following enoughly	anda (mlanan marrida full dataila
My son / daughter has the following special m and include any relevant medical details)	leeds (please provide full details
and include any relevant inedical details)	
I give / do not give permission for my child to	receive medical treatment in case
of emergency.	, receive metalear treatment in case
or energency.	

<u>I</u>	_Do / do not
Consent my child/children	to
Participate in an excursion	
To <u>Movies in Warwick</u> on	<u>Thursday 20th Jan</u>
Address of venue Grafton St Warwick	
The cost of the excursion is \$20.00	_
Activities that will be held: Movie	_
The children & Staff will depart from the YMCA	OSHC at and
return to the centre at	
Travel will be by <u>Bus</u> .	
Time of departure Time	of return
Travel time <u>120mins</u>	
The staff member with emergency care training	is <u>Madonna Einam</u>
Ratios <u>1</u> Staff to <u>8</u>	
The staff member with CPR training is Madonn	<u>a Einam</u>
Accompanying staff are	
My son / daughter has the following special need	ds (please provide full details
and include any relevant medical details)	
I give / do not give permission for my child to re	ceive medical treatment in case
of emergency.	

Name:	Signature:
Date:	Contact phone number: