

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To **YMCA** \_\_\_\_\_ on **Tuesday 14<sup>th</sup> Dec and 4<sup>th</sup> Jan**  
Address of venue **Talc St Stanthorpe** \_\_\_\_\_

The cost of the excursion is \$**0** \_\_\_\_\_

Activities that will be held: **Assorted Activities** \_\_\_\_\_

The children & Staff will depart from the YMCA OSHC at \_\_\_\_\_ and  
return to the centre at \_\_\_\_\_

Travel will be by **Foot** \_\_\_\_\_.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time **20mins** \_\_\_\_\_

The staff member with emergency care training is **Madonna Einam** \_\_\_\_\_

Ratios **1** Staff to **8** 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: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To **Pool** \_\_\_\_\_ on **Thursday 16<sup>th</sup> Dec**  
Address of venue **Talc St Stanthorpe** \_\_\_\_\_

The cost of the excursion is **\$2.00** \_\_\_\_\_

Activities that will be held: **Swimming Activates** \_\_\_\_\_

The children & Staff will depart from the YMCA OSHC at \_\_\_\_\_ and  
return to the centre at \_\_\_\_\_

Travel will be by **Foot** \_\_\_\_\_.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time **20mins** \_\_\_\_\_

The staff member with emergency care training is **Madonna Einam** \_\_\_\_\_

Ratios 1 Staff to 5 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: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To Squash Courts on Tuesday 21<sup>st</sup> Dec and 18<sup>th</sup> Jan  
Address of venue Railway St Stanthorpe

The cost of the excursion is \$2.00

Activities that will be held: Squash

The children & Staff will depart from the YMCA OSHC at \_\_\_\_\_ and  
return to the centre at \_\_\_\_\_

Travel will be by Foot.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time 20mins

The staff member with emergency care training is Madonna Einam

Ratios 1 Staff to 8 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: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To Storm King Dam on Thursday 23<sup>rd</sup> Dec  
Address of venue Eukey Rd Stanthorpe

The cost of the excursion is \$12.00

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 Bus.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time 40mins

The staff member with emergency care training is Madonna Einam

Ratios 1 Staff to 8 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: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To Granit Belt Maze on Thursday 13<sup>th</sup> Jan  
Address of venue Old Warwick Road The Summit

The cost of the excursion is \$25.00

Activities that will be held: Maze and mini Golf

The children & Staff will depart from the YMCA OSHC at \_\_\_\_\_ and  
return to the centre at \_\_\_\_\_

Travel will be by Bus.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time 50mins

The staff member with emergency care training is Madonna Einam

Ratios 1 Staff to 8 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: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion  
To **Park and swimming** \_\_\_\_\_ on **Tuesday 11<sup>th</sup> January** \_\_\_\_\_  
Address of venue **Marsh/Talc St Stanthorpe** \_\_\_\_\_  
The cost of the excursion is **\$2.00** \_\_\_\_\_  
Activities that will be held: **Morning Tea Play in park** \_\_\_\_\_  
The children & Staff will depart from the YMCA OSHC at \_\_\_\_\_ and  
return to the centre at \_\_\_\_\_

Travel will be by **Foot** \_\_\_\_\_.  
Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_  
Travel time **20mins** \_\_\_\_\_

The staff member with emergency care training is **Madonna Einam** \_\_\_\_\_  
Ratios 1 Staff to 5 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  
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Date: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To **Shake Rattle and Bowl** on **Thursday 6<sup>th</sup> Jan**  
Address of venue **Railway St Stanthorpe**

The cost of the excursion is **\$15.00**

Activities that will be held: **Bowling and Playground**

The children & Staff will depart from the YMCA OSHC at \_\_\_\_\_ and  
return to the centre at \_\_\_\_\_

Travel will be by **Foot**.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time **20mins**

The staff member with emergency care training is **Madonna Einam**

Ratios **1** Staff to **8** 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: \_\_\_\_\_

## STANTHORPE YMCA EXCURSION PERMISSION FORM

I \_\_\_\_\_ Do / do not  
Consent my child/children \_\_\_\_\_ to  
Participate in an excursion

To Movies in Warwick on Thursday 20<sup>th</sup> Jan  
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 Bus.

Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

Travel time 120mins

The staff member with emergency care training is Madonna Einam

Ratios 1 Staff to 8 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)

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of emergency.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact phone number: \_\_\_\_\_