



## EXCURSION AUTHORISATION FORM

### Springwood Library

This form must be signed by a parent/guardian or authorised nominee for each child who will be attending the excursion. Please complete the relevant empty fields, sign and return to a service representative via email or in person.

|   |                                       |
|---|---------------------------------------|
| First Child's Name  |                                       |
| Second Child's Name   |                                       |
| Third Child's Name  |                                       |
| Fourth Child's Name   |                                       |
| Reason child is to be transported   | To visit Springwood Library           |
| Date of excursion   | 22/04/2024                            |
| Departure address   | 14 Raymond Road, Springwood, NSW 2777 |
| Destination address   | 104 Macquarie Road, Springwood        |
| Activities to be undertaken   | Listening to story time, colouring in |
| Means of transport  | Walking                               |
| Departure time  | 10:45am                               |
| Return time   | 11:45am                               |
| Anticipated number of children  | 20                                    |
| Anticipated number of educators   | 2                                     |
| Anticipated number of adults who are not educators (ie volunteers/students) | 0                                     |
| Ratio of educators to children  | 1:10                                  |
| Any requirements for seatbelts or safety restraints under the law           | N/A                                   |

#### Permission:

I hereby give permission for the child/children listed above to attend the excursion detailed in this excursion authorisation. I understand that a risk assessment for this excursion will be available for viewing at the centre on the day of the excursion and that the service has written policies and procedures for excursions and the safe transportation of children. These are all available on request.

|  |  |
|--|--|
| Name of Authorised Nominee   |  |
| Relationship to child/children   |  |
| Date   |  |
| Signature  |  |
| (actual or online signature only – please do not type your name in this box) |  |

