



EXCURSION PERMISSION FORM

Storytelling Workshop with 'Scary Strangers'

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.

Full name of Child 1	
Full name of Child 2	
Full name of Child 3	
Full name of Child 4	
Reason child is to be transported	To attend an event at the Springwood Hub
Date of excursion	07/10/2025
Departure address	14 Raymond Road, Springwood, NSW 2777
Destination address	104-108 Macquarie Rd, Springwood NSW 2777
Activities to be undertaken	Watching Matty Falloon's amazing Balloon Show
Means of transport	Walking
Departure time	10:00am
Return time	12:15pm
Anticipated number of children	40
Anticipated number of educators	5
Anticipated number of adults who are not educators (ie volunteers/students)	0
Ratio of educators to children	1:12
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 and to participate in all the available activities. I understand that a risk assessment for this excursion will be available to view 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	
<i>(actual or online signature is required)</i>	