



EXCURSION AUTHORISATION FORM

Inflatable World

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 Inflatable World, St Marys
Date of excursion	16/04/2024
Departure address	14 Raymond Road, Springwood, NSW 2777
Destination address	20 Forthorn Place, Nth St Marys
Activities to be undertaken	Playing on the inflatables
Means of transport	Chartered bus (with seatbelts)
Departure time	10:00am
Return time	2:45pm
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	1:8
Any requirements for seatbelts or safety restraints under the law	None

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	
<i>(actual or online signature is required)</i>	

