



EXCURSION PERMISSION 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.

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 visit Springwood Library
Date of excursion	13/01/2025
Departure address	14 Raymond Road, Springwood, NSW 2777
Destination address	104 Macquarie Road, Springwood
Activities to be undertaken	Browsing books, reading stories
Means of transport	Walking
Departure time	Some time between 10:30am and 2:30pm in groups of 8 max
Return time	Between 11:30am and 3:00pm. Each group will be away approx 1 hour
Anticipated number of children	20
Anticipated number of educators	2 (1 per group)
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

Please note: This is an optional excursion for children. There will be staff and children at the centre at all times, so children can choose whether or not they wish to go.

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>	