## Attachment 3: Family excursion/incursion authorisation form

**Replace or edit the red text as appropriate.**

### [Insert name of excursion/incursion]

[insert date]

Dear families,

We are currently exploring [insert topic] and an [excursion/incursion – delete one] has been arranged to [insert name of the excursion/location].

The objective of this [excursion/incursion] is for the children to [insert objective/rationale]. The children will have the opportunity to learn about [insert what the children will be learning]. Through this exciting learning opportunity, children will discover more about [insert the topic].

Please note that a detailed risk assessment and management plan has been conducted to ensure the safety and wellbeing of the children*.* This is available to view on request.

#### What you can do to help your child prepare for our [excursion/incursion]

1. Talk with your child about the [excursion/incursion] and what their responsibilities will be while on the [excursion/incursion] to help keep them safe.
2. Prepare your child’s clothing and required equipment (if relevant).
3. Discuss with management by [insert a date] if you are available to assist on the [excursion/incursion].
4. Discuss with management by [insert a date] if you have any questions about the [excursion/incursion].

#### Excursion details – where, when and who

|  |  |  |  |
| --- | --- | --- | --- |
| Date of [excursion/incursion] | [insert date] | Venue | [insert venue name] |

|  |  |
| --- | --- |
| Venue address | [insert address] |

|  |  |  |  |
| --- | --- | --- | --- |
| Time departing service | [insert time departing] | Estimated time of arrival back at the service | [insert time arriving] |

|  |  |
| --- | --- |
| Mode of transport | [insert mode] |
| Seat belts/child restraints will be used | [write ‘yes’ or ‘no’] |
| Supervising staff, educators and other adults attending | [insert numbers attending] |
| Educator-to-child ratio |  [insert ratios] |
| Estimated number of children attending | [insert number of children] |

#### What to bring and wear

[List all items required – for example: lunch, drink bottles, hats, clothing etc.]

#### Itinerary

[Detail in the table below, in planned chronological order, the proposed pick-up location, departure time, destination and arrival time, activities to be undertaken and times of transport.]

|  |  |
| --- | --- |
| Time | Program/Activity  |
|  |  |
|  |  |
|  |  |
|  |  |

[Map of route. It’s recommended that a map or image of the route of travel to the destination of excursion is included here.]

**Wet weather arrangements**

[provide details about how wet weather will be managed on the excursion/incursion]

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#### Authorisation for [insert name of excursion/incursion]

|  |
| --- |
| I give permission for my child [write child’s full name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the planned excursion/incursion to [insert title/location of excursion] on **[insert excursion date]**. I have read the details of this excursion/incursion and understand travel will be via [enter mode of transport].In the event of an injury or emergency, I acknowledge that the supervising educator will attempt to contact me. In an emergency, I authorise the centre to obtain all necessary medical assistance, including ambulance transport, medication and hospital admission. |

|  |  |
| --- | --- |
| Name of parent/guardian |  |
| Signature |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
| Phone number | (mobile) | (work) |

**Privacy Collection Notice**

Early Learning Victoria (ELV) values your privacy. The purpose of this form is to collect consent for your child to attend an incursion/excursion and ensure that we have up to date information about your child’s health to assist with planning.

In circumstances where you wish to volunteer and support the supervision of children, ELV is required to collect and keep a record of your valid Working with Children Check (WWCC), to meet its legal obligations.

For more information about how ELV handles you and your child’s personal and health information, and how you may request access to it, please refer to the ELV Privacy Policy. If you wish to make a complaint about ELV’s handling of personal information, you can write to the Department of Education’s Privacy team on privacy@education.vic.gov.au.

#### Medical conditions

My child has the following medical condition (*state the medical condition and any medication that must be taken on the excursion)*:

#### Parent/carer volunteers

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [insert parent/carer name], would like to volunteer and support the supervision of children on the [insert excursion/incursion title] on [insert date and time].

I have read and agree to my responsibilities as a volunteer as outlined in the *ELV Excursions, Incursions and Regular Outings Policy* *and Procedures.* I understand and agree to the requirements including that I must have a valid WWCC. This will be sighted by ELV centre staff, and a scanned photocopy or written record of the WWCC number will be kept on file at the service, to ensure compliance with ELV’s legal obligations under the National Quality Standard.

Parent/carer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Please return this form to your ELV centre’s reception by [date].

[Ensure the information below is included in the form for parents]

|  |
| --- |
| Education and Care National Regulations 102 – Authorisations for excursions:* the approved provider of an education and care service must ensure that a child being educated and cared for by the service is not taken outside the education and care service premises on an excursion (or regular outing) unless written authorisation has been provided
* if the excursion is a regular outing, the authorisation is only required once in a 12-month period.
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Source: ELV Excursions, Incursions and Regular Outings Policy and Procedures