## Attachment 4: Template – Family authorisation for regular outing

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

### [Insert name of regular outing]

[insert date]

Dear families,

As part of our educational program, we make regular visits to [insert name of regular outing and destination] during the year on [insert time and date – for example, Wednesdays at 10am].

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

A detailed risk assessment and management plan has been conducted to protect children from any harm or hazard likely to cause injury. This is available to view on request.

We require your written authorisation once a year for your child to participate in the proposed regular outing. Note that if there are any changes to the risk assessment, a new authorisation may be required.

Our centre will notify parents on the day of the regular outing. The notification will include the venue, the expected time of departure and length of time we anticipate being away from the service. [Amend this paragraph as required for your service.]

Please read the details of the outing then sign the authorisation form below and return it to management.

#### Details of regular outing – where, when and who

|  |  |
| --- | --- |
| Name of centre | [insert name] |
| Room name | [insert room name] |
| Proposed number of children | [insert anticipated number of children who will attend the regular outing] |
| Educator-to-child ratios | [insert ratios – this must be documented] |
| Regular outing venue | [insert venue name] |
| Address | [insert address] |
| Mode of transport | [also detail here the route to be taken] |

|  |  |
| --- | --- |
| Proposed activities | [insert route to be taken] |

|  |  |  |  |
| --- | --- | --- | --- |
| Time departing centre | [insert time] | Estimated time away from centre | [insert estimated time away] |

|  |  |
| --- | --- |
| Time returning to centre | [insert estimated return time] |
| Supervising staff/educators attending | [include anticipated number of staff members and any other adults who will accompany and supervise the children on the regular outing] |

#### Authorisation for [insert name of regular outing]

|  |
| --- |
| I give permission for my child [insert child’s full name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in regular outings while being educated and cared for by [insert name of centre]. I understand that I will be notified in advance about each outing on the day it will take place [enter how families will be notified that the outing will occur].  I have read the details of this excursion 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 |  | Date |  |

|  |  |
| --- | --- |
| Signature |  |

|  |  |  |
| --- | --- | --- |
| 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 a regular outing and ensure that we have up to date information about your child’s health to assist with planning.

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](mailto: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):*

#### 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. |

Source: ELV Excursions, Incursions and Regular Outings Policy and Procedures