

Excursion Authorisation Form

The Fish Whispers

This form must be signed by a parent/guardian or an authorised nominee for each child who will be attending the excursion. Please complete the empty field, sign and return to the service via email or provide a hard copy to the centre.

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| Child 1 – Full Name | |
| Child 2 – Full Name | |
| Child 3 – Full Name | |
| Reason child is to be transported | To visit The Fish Whispers on an excursion as part of the vacation care program. |
| Date of excursion | Monday April 13, 2026 |
| Departure address | 164/174 Kissing Point Rd, Turrumurra NSW 2074 |
| Destination address | 1002 Bobbin Head Road, North Turrumurra, NSW 2074 |
| Activities to be undertaken | Children will be participating in fishing activities. |
| Means of transport | Private Bus Bus company is North Sydney Bus Charter |
| Departure time | 9:00am |
| Return time | 2:45pm |
| Anticipated number of children | 50 children |
| Anticipated number of educators | 8 Staff members |
| Anticipated number of adults/volunteers | NA |
| Ratio of educators to children | 1: 8 |
| Any requirements for seat belts or safety restraints under the law | |
| What to bring | Bag, hat, drink bottle, morning tea and lunch. |
| Additional information | |

Permission:

I hereby give permission for the child/children listed above to attend the excursion detailed in this excursion authorisation. I agree to provide my children with the “what to bring” items listed above. I understand that a risk assessment and bus route maps 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.

Parent Name: _____

Parent Signature: _____

Date: / /2026