



Excursion Authorisation Form

Museum of Illusions @ George Street and Sydney Opera House

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.

Child 1 – Full name	
Child 2 – Full name	
Child 3 – Full name	
Reason child is to be transported	<i>To go to Museum of Illusions and the Sydney Opera House on excursion as part of our vacation care program.</i>
Date of excursion	Friday October 2 nd , 2026
Departure address	164/174 Kissing Point Rd, Turrumurra NSW 2074
Destination address	413 George St, Sydney NSW 2000 and Bennelong Point, Sydney NSW 2000
Activities to be undertaken	
Means of transport	Private Bus -Bus company is North Sydney Bus Charter
Departure time	9:45am
Return time	3:15pm
Anticipated # of children	50 children
Anticipated # of educators	8 Staff members
Anticipated # of adults/volunteers	NA
Ratio of educators to children	1: 8
Any requirements for seat belts or safety restraints under the law	Seatbelts to be worn on bus by all passengers
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