

## Regular Outings Permission

This form is to be completed by educator and parents as changes occur

Educator Name

Child's Name

Frequency - Outings marked as fortnightly and monthly must be advised to the parent and Co-ordination Unit prior to the outing occurring as times and days may vary (see policy).

Safety Requirement Met? – Are any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported met?

Pick-Up Venue	Venue Address	Purpose of Outing			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Destination Venue	Destination Address	Day	Frequency	Time Frame	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- <input type="text"/>
Transport	Transport Time	No. of Children	No of Adults	Safety Requirement Met?	Date of Risk Assessment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Checkbox to add additional outing.**

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I understand that I must conduct the outings outlined on this form, in accordance with the Queanbeyan-Palerang Family Day Care policies and procedures, including conduction a risk assessment of the route and venue for the outings.

\_\_\_\_\_  
 Educator's Signature

\_\_\_\_\_  
 Date Signed

**Parental Permission – To be completed by Parent/Guardian**

I understand the nature of the outings my child/ren will be attending. I understand that a risk assessment has been prepared and is available at the education and care service. I understand that written policies and procedures for transporting children are available at the education and care service.

I give permission for my child/ren \_\_\_\_\_ to participate in the outings outlined on this form.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date Signed

**Office Use -**

\_\_\_\_\_  
 Nominated Supervisor' Signature

\_\_\_\_\_  
 Date Signed

Criteria Met