

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		
Destination Venue		Destination Address		Day	Frequency	Time Frame
Transport	Transport Tir	ne No. of Childr	en No of Adults	Safety Requirement	Met? Date of Ris	sk Assessment

Checkbox to add additional outing.

Pick-Up Venue		Venue Address			Purpose of Outing			
Destination Venue		Destination Addr	ess		Day	Freque	ency	Time Frame
Transport	Transport Tin	ne No. of	Children	No of Adults	Safety Requirement	Met?	Date of Ris	sk Assessment

Checkbox to add additional outing.

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Destination Venue		Destination Address		Day	Frequency	Time Frame
Transport	Transport Tim	e No. of Children	No of Adults	Safety Requirement	Met? Date of R	isk Assessment

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Destination Venue	Destina	ation Address		Day	Frequ	iency	Time Frame
Transport	Transport Time	No. of Children	No of Adults	Safety Requiremen	t Met?	Date of Ri	sk Assessment



OFFICE 1 Farrer PI, Queanbeyan POSTAL PO Box 90 Queanbeyan NSW 2620 CONTACT Ph: 02 62856253 Email: info.fdc@qprc.nsw.gov.au

Disclaimer: Educators undertake outings at their own risk.



Checkbox to add additional outing.

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Destination Venue	Destina	tion Address		Day	Frequency	Time Frame
Transport	Transport Time	No. of Children	No of Adults	Safety Requirem	nent Met? Date of	Risk Assessment

Checkbox to add additional outing.

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Destination Venue		Destination Address		Day	Frequency	Time Frame
Transport	Transport Tim	e No. of Chile	dren No of Adults	Safety Requ	irement Met? Date of	Risk Assessment

Checkbox to add additional outing.

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Destination Venue		Destination	Address		Day	Frequ	uency	Time Frame
Transport	Transport Tim	ne N	lo. of Children	No of Adults	Safety Req	uirement Met?	Date of R	isk Assessment

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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_ on this form.

Parent/Guardian's Signature

Date Signed

Office Use -

Nominated Supervisor' Signature

Date Signed

Criteria Met

to participate in the outings outlined



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