

## Prospect Primary School Out Of School Hours Care Vacation Booking Consent Form

Child's Name \_\_\_\_\_ Date of Booking \_\_\_\_\_

*I am booking my child into vacation care on the following days. I give consent for my child to participate in all of the activities on the days booked. On excursion days my child will be at the centre by the stated time on the program and booking sheet to avoid missing the bus's departure. I have signed the excursion consents included in this booking form.*

Thank-you.

**Parent Name:** \_\_\_\_\_  
(Parents sign each day you are booking care for)

**Week 1:**

<b>Monday</b>	<b>2<sup>nd</sup> October. 17</b>	<b>PUBLIC HOLIDAY</b>
<b>Tuesday</b>	<b>3<sup>rd</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Wednesday</b>	<b>4<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Thursday</b>	<b>5<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Friday</b>	<b>6<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____

**Week 2:**

<b>Monday</b>	<b>9<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Tuesday</b>	<b>10<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Wednesday</b>	<b>11<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Thursday</b>	<b>12<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____
<b>Friday</b>	<b>13<sup>th</sup> October. 17</b>	<b>Booked &amp; Signed</b> _____

**Office Use Only – This section must be filled in for each booking**

Booking taken by \_\_\_\_\_ (staff member)

Booking Entered by \_\_\_\_\_ (Staff member)



CONSENT FORM FOR CAMP/EXCURSION

As a parent/guardian of:

STUDENT/CHILD'S NAME		
PARENT/GUARDIAN NAME		
NAME OF ACTIVITY	<b>The Scientifibubble Mega Show</b>	<b>Wizbang</b>
REASON FOR AND DESCRIPTION OF ACTIVITY	<p>The Scientifibubble Mega Show will be coming to Prospect Primary School Vacation Care to present their interactive show.</p> <p>Students will have the opportunity to learn about the properties of bubbles and participate in related activities.</p> <p>Please sign to give permission for your child to participate in this incursion.</p>	<p>Prospect Primary School Vacation Care will be catching a private bus to Wizbang at St Agnes. Children will need to be at OSHC at 8.30am. We will return at 1.00pm. Please note children will not be able to be collected until after this time. At Wizbang the children will have the opportunity to experience the Black Light Mini Golf, Laser Tag (Skirmish) and the Kids Disco. The children will need to bring a packed recess to eat on the excursion, a water bottle, and socks. Please ensure the child's bag is easy to carry. The children will eat lunch upon arrival back at OSHC.</p> <p>Please sign to give permission for your child to attend the excursion.</p>

At/on:

Tuesday 3<sup>rd</sup> October

Wednesday 4<sup>th</sup> October

LOCATION	Prospect Primary School	Wizbang
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ON: 0 3 1 0 1 7

ON: 0 4 1 0 1 7

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

NAME OF ACTIVITY	<b>Radicool Reptiles</b>	<b>St Kilda Adventure Playground</b>
REASON FOR AND DESCRIPTION OF ACTIVITY	<p>Radicool Reptiles will be coming to Prospect Primary School Vacation Care to show us some reptiles, such as lizards and snakes. Children will have the opportunity to handle animals if they wish, fully supervised by Radicool presenter Nadia Couzner and OSHC staff, however do not have to if they do not wish.</p> <p>Please sign to give permission for your child to participate in this incursion.</p>	<p>Prospect Primary School Vacation Care will be catching a private bus to St Kilda Adventure Playground. Students will need to be at school at 8.30am. We will return at 1.30pm. Please note children will not be able to be collected until after this time. Children will be in small groups, moving between the play equipment. The children will need to bring a packed recess to eat on the excursion, a water bottle, and a hat. Please ensure the child's bag is easy to carry. The children will eat lunch upon arrival back at OSHC.</p> <p>Please sign to give permission for your child to attend the excursion.</p>

**At/on:**

**Friday 6<sup>th</sup> October**

**Tuesday 10<sup>th</sup> October**

LOCATION	Prospect Primary School	St Kilda Adventure Playground
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ON: 0 6 1 0 1 7

ON: 1 0 1 0 1 7

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

NAME OF ACTIVITY	<b>SAPOL Visit</b>	<b>Captain Underpants the Movie (Piccadilly Cinemas)</b>
REASON FOR AND DESCRIPTION OF ACTIVITY	<p>SAPOL will be conducting an incursion where they will be talking to students about the role of a police officer, and showing the features of a police vehicle.</p> <p>Please sign to give permission for your child to participate in this incursion.</p>	<p>Prospect Primary School Vacation Care will be catching a private bus to the Piccadilly Cinema as a group to watch Captain Underpants the Movie (PG). Students will need to be to be at OSHC by 8.30am. We will return at 12.30pm. Please note children will not be able to be collected until after this time. Students will be provided with a snack whilst at the movies. It is asked that students pack their own food for before and after the movie. Please no candy bar money!</p> <p>Please note that the film is rated PG. By signing below you are consenting to your child watching the film as well as giving permission for your child to attend the excursion.</p>

**At/on:**

**Wednesday 11<sup>th</sup> October 2017**

**Thursday 12<sup>th</sup> October 2017**

LOCATION	Prospect Primary School	Piccadilly Cinemas
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ON: 1 1 1 0 1 7

ON: 1 2 1 0 1 7

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## **Consents and Agreements:**

### **Activities Consents:**

- I consent for my child to participate in all of the activities on the days I have booked.
- I have signed all the excursion consents above.

### **Medical Consents and agreements:**

- I consent that the medical details, action plan(s), and medication(s) the OSHC have on site are current and in date. If necessary, I have attached details of any additional health support he/she requires to undertake the programmed activities safely.
- In the case of an emergency or unexpected circumstances I give supervising educators the permission to drive my child in a private vehicle. I will be made aware if such an event needs to occur. I understand that neither the OSHC, school nor DECDs accepts responsibility for any claims which may result from a vehicle accident.
- In the event of an accident or illness, and when contact with me being is impracticable or impossible, I authorise educators to arrange for an ambulance. I will pay all medical and dental expenses incurred on behalf of my child.
- The information given is accurate to the best of my knowledge.

### **Arrival and Collection Agreements:**

- I agree to drop my child off at OSHC by the stated time. I understand and agree that if I fail to do so and the bus departs without my child the OSHC cannot take duty of care of my child and I will need to arrange alternate care.
- I agree to collect my child by 6.15pm.

### **Booking and Cancellation Agreements:**

- I agree that if I need to make an additional booking after I have submitted my booking form, I will text-message the OSHC with the details of the additional booking. However accept that if it is an excursion the OSHC cannot accept the booking unless I have come into the OSHC to sign the relevant above excursion consents. I accept that if I fail to do so my child will not be able to attend OSHC on this day.
- If I wish to cancel a booking, I agree to notify the OSHC via text-message 24 hours before the booking is to commence (i.e. by 7.00am the day before). I accept that if I fail to do so that I will be charged the full fee.

Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the OSHC if you wish to discuss any health care problems.

Signed: \_\_\_\_\_

Date:     /     /