

Our Lady Queen of Peace School

106 Botting St
ALBERT PARK SA 5014

OSHC entrance is via Selth Street



Vacation Care Program

Dec 23 / Jan 24

Monday 18 December – Friday 22 December 2023

Monday 8 January – Thursday 25 January 2024

OSHC mobile: 0417 840 700

Email: oshc@olqp.catholic.edu.au

Bookings close on Thursday 7 December 2023

Operating hours

Monday – Friday
7am – 6pm

OSHC entry is via Selth Street

Fees

Incursion day: \$55
Excursion day: \$60

CCS reductions apply to those who are eligible and who have registered with Centrelink.

Booking Cancellations

Cancellation is required **2 working days prior to attendance**.

Full payment of fees may be required if cancellations are not made 2 working days prior to booking.

No refunds for cancellation of excursion days.

Vacation Care Information

Hats and clothing:

- A sun safe hat is a standard item you are required to provide your child each day they attend the Our Lady Queen of Peace (OLQP) Vacation Care Program. A sun safe hat is compulsory from September to April and on ALL excursions. A NO HAT, NO PLAY policy applies. Every child that attends vacation care on an excursion day will be required to have a red hat.

If your child does not arrive on an excursion day with a red hat, they will be provided with one and the cost of \$15 will be added to your account.

- Please ensure your child is wearing appropriate clothing according to weather forecasts and the daily activities planned. **No thongs or string shoulder straps.** Please be sun safe. Enclosed footwear is preferable, as physical activity is planned regularly each day
- If water play is prearranged, please ensure children have named bathers, towel, rash vest or t-shirt to cover shoulders. Also include a change of named clothes and a plastic bag.

Children must bring:

- Recess, lunch (unless stated that lunch is provided) and a refillable drink bottle.
- If your child has a diagnosed medical condition requiring medication that we are not already aware of, you must hand the medication to an OSHC staff member with an action plan (asthma or anaphylaxis) or a letter from your GP stating the required medication, dosage, time and frequency. OSHC staff will ask you to complete a 'Medication Data Sheet'.

Please be aware:

- Children enrolled at this service have been diagnosed as being at risk of anaphylaxis. It is therefore expected that your child will attend the service with food that is free of nut products (e.g. peanut butter, Nutella).
- Please encourage your child to keep all electronic devices at home unless stated on the program. Our staff encourages all children to socialise with one another; electronic devices may limit their interactions with other children.

Operating hours and collection:

- Our hours of operation are 7am to 6pm. If you collect your child **after 6pm**, you will be charged a **late fee of \$1 per minute**.
- Children must be accompanied by an adult when signed in each morning.
- At the end of your child's session, you are required to sign your child out. If an unauthorised person is collecting your child, you must inform OSHC staff that this is occurring, so that identification can be requested.

Administration, fees & CCS:

- Families using our services for the first time will need to complete an OSHC enrolment form; this is in addition to the Vacation Care enrolment form.
- If you need to contact your child at any point during the day, please call the **OSHC mobile 0417 840 700**.
- Vacation Care invoices will be issued at the end of vacation care; payments need to be finalised within 7 days or negotiated with Jo or Maureen at the front office.
- Payments can be made in a number of ways:
 - Using the school account details on your invoice,
 - By card/cash in the OLQP front office or OSHC room,
 - By using the QKR! app.
- A risk assessment for excursions and relevant incursions is available on request.
- Limited spaces may be available for preschool children.
- You can apply for your child care subsidy by entering the myGov website and creating an account. Follow the prompts and enter your details as required. Once approved your subsidy will be deducted from your child care fees.
- If you have not used OSHC in the last 14 weeks, you will be required to enter your myGov account and confirm your booking to release your CCS payment.

Care may be cancelled due to insufficient bookings.

OLQP School – Vacation Care December 2023







Please ensure your child has a *sun safe hat* and a *refillable drink bottle* every day.

Monday 18 December 2023	Tuesday 19 December 2023	Wednesday 20 December 2023	Thursday 21 December 2023	Friday 22 December 2023
Christmas Crafts	Largs Bay Swimming Excursion	Soccer Workshop	Christmas Cooking	Xmas Talent Quest
Decorate wreaths and more in preparation for Christmas and gifting!! 	10:30am – 12:30pm We are travelling by bus to the Largs Bay Swim Centre for 2 hours of water fun. 	10:00am – 10:50am Come and work on your soccer skills with Andrew in the morning. We will have a Bump Contest in the afternoon. 	Make an assortment of yummy treats to take home and share for Christmas! 	Be a part of our Christmas Talent Quest. We will plan and rehearse before the final show. 
	Bus departs @ 9:40am Returns @ 1:30pm			
Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home

OLQP School – Vacation Care January 2024








Please ensure your child has a *sun safe hat* and a *refillable drink bottle* every day.

Monday 8 January 2024	Tuesday 9 January 2024	Wednesday 10 January 2024	Thursday 11 January 2024	Friday 12 January 2024
Popeye Excursion	OLQP Quiz Day	Adelaide Zoo Excursion	Harry Potter	Water Tag
<p>We are travelling by train to the city for a cruise on the Popeye and lunch by the river.</p> 	<p>The great QLQP Quiz is here. Join a team and challenge your general knowledge.</p> 	<p>10am – 2pm</p> <p>Today we travel by bus to spend the day exploring the Adelaide Zoo.</p> 	<p>Dress as you favourite Harry Potter character and enjoy all things, Harry Potter.</p> 	<p>Water pumps available or bring your own from home!</p> <p>We will get wet so bring a change of clothes and towel. Bathers allowed but rash top required.</p> 
<p>Train departs @ 10:06am Returns @ 1:30pm</p>		<p>Bus departs @ 9:25am Returns @ 2.30pm</p>		
Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home

OLQP School – Vacation Care January 2024



Please ensure your child has a *sun safe hat* and a *refillable drink bottle* every day.

Monday 15 January 2024	Tuesday 16 January 2024	Wednesday 17 January 2024	Thursday 18 January 2024	Friday 19 January 2024
Star Wars	The Science Collective Excursion	Odeon Cinema Semaphore	Largs Bay Swimming Excursion	Rev It Up Racing Incursion
<p>May the force be with you today. Dress as a Star Wars Character and participate in Star Wars activities.</p> 	<p>10:00am-1:00pm</p> <p>We are travelling by bus to St Clair to see a science based “Music Show”, and a Fire & Froth Show. Hands on activities also available.</p> 	<p>Session 10:00am -11:30am</p>  <p>Rated PG</p> <p>Candy Bar additional \$6 Billed to account, inform staff to opt out.</p>	<p>10:30am – 12:30pm</p> <p>We are travelling by bus to the Largs Bay Swim Centre for 2 hours of water fun.</p> 	<p>1:45pm – 3:45pm</p> <p>Rev It Up Racing's OSHC Incursion provides children with a snapshot of what it's like to be behind the wheel of a racing car.</p> 
	<p>Train departs @ 9:36am Returns @ 2:00pm</p>	<p>Bus departs @ 9:25am Returns @ 12:15pm</p>	<p>Bus departs @ 9:40am Returns @ 1pm</p>	
Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home

OLQP School – Vacation Care January 2024



Please ensure your child has a *sun safe hat* and a *refillable drink bottle* every day.

Monday 22 January 2024	Tuesday 23 January 2024	Wednesday 24 January 2024	Thursday 25 January 2024	Friday 26 January 2024
OLON	Yoga	Beyblades	Movie Day Pizza, popcorn & PJs	Public Holiday
<p>10am – 12noon Indoor soccer, dodgeball, PS5 and Nintendo switch, Sport simulator, organised activities. Something for everyone.</p> 	<p>Learn new relaxation techniques during a yoga class.</p> <p>Come dressed in loose comfy clothes</p> 	<p>Bring your Beyblades from home for epic battles. OSHC will also have some Beyblades for use.</p>  <p>NO TRADING</p>	<p>A day to chill out, watch G & PG rated movies and cartoons on the big screen.</p> <p>Wear your comfy PJs!</p> 	<p>No session</p> 
<p>Bus departs @ 9.45am Returns @ 12.30pm</p>				
Bring recess & lunch from home	Bring recess & lunch from home	Bring recess & lunch from home	Bring recess, Pizza for lunch	

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Page

Please carefully read &
retain the information in the
first part of
this booklet.

The forms on the
following pages
can be cut from this booklet and
submitted to
OLQP Vacation Care
once filled in and
completed.



Parent Consent Form

Name of child/ren: _____

Parent/caregiver name: _____

I consent to my child/ren viewing PG movies.

Signature required here:

Children's names & parent/caregiver signature must be provided on all the required days below.

Week 1

Monday 18 December 2023

Child's name:

I consent for my child/ren to participate in the "Christmas Craft" activities, as well as indoor and outdoor play on the courts and playground.

Signature:

Tuesday 19 December 2023

Child's name:

I consent for my child/ren to participate in the "Largs Bay Swimming Excursion", as well as indoor and outdoor play on the courts and playground.

Signature:

Complete the additional excursion form.

Wednesday 20 December 2023

Child's name:

I consent for my child/ren to participate in the "Soccer Workshop" activities, as well as indoor and outdoor play on the courts and playground.

Signature:

Thursday 21 December 2023

Child's name:

I consent for my child/ren to participate in the "Christmas Cooking" activities, as well as indoor and outdoor play on the courts and playground.

Signature:

Friday 22 December 2023

Child's name:

I consent for my child/ren to participate in the "Christmas Talent Quest activities", as well as indoor and outdoor play on the courts and playground.

Signature:



Parent Consent Form

Name of child/ren: _____

Parent/caregiver name: _____

I consent to my child/ren viewing PG movies.

Signature required here:

Children's names & parent/caregiver signature must be provided on all the required days below.

Week 2

Monday 8 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Popeye Excursion" event, as well as indoor and outdoor play on the courts and playground.

Signature: _____

Complete the additional excursion form.

Tuesday 9 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Quiz Day" event, as well as indoor and outdoor play on the courts and playground.

Signature: _____

Wednesday 10 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Adelaide Zoo Excursion event", as well as indoor and outdoor play on the courts and playground.

Signature: _____

Complete the additional excursion form

Thursday 11 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Harry Potter" activities, as well as indoor and outdoor play on the courts and playground.

Signature: _____

Friday 12 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Water Tag activities", as well as indoor and outdoor play on the courts and playground.

Signature: _____



Parent Consent Form

Name of child/ren: _____

Parent/caregiver name: _____

I consent to my child/ren viewing PG movies.

Signature required here:

Children's names & parent/caregiver signature must be provided on all the required days below.

Week 3

Monday 15 January 2024

Child's name:

I consent for my child/ren to participate in the, "Star Wars" activities as well as indoor and outdoor play on the courts and playground.

Signature:

Tuesday 16 January 2024

Child's name:

I consent for my child/ren to participate in the "The Science Collective" event, as well as indoor and outdoor play on the courts and playground.

Signature:

Complete the additional excursion form

Wednesday 17 January 2024

Child's name:

I consent for my child/ren to participate in the "Odean Cinema" event, as well as indoor and outdoor play on the courts and playground.

Signature:

Complete the additional excursion form

Thursday 18 January 2024

Child's name:

I consent for my child/ren to participate in the "Largs Bay Swimming Excursion", as well as indoor and outdoor play on the courts and playground.

Signature:

Complete the additional excursion form.

Friday 19 January 2024

Child's name:

I consent for my child/ren to participate in the "Rev It Up Racing" activities, as well as indoor and outdoor play on the courts and playground.

Signature:



Parent Consent Form

Name of child/ren: _____

Parent/caregiver name: _____

I consent to my child/ren viewing PG movies.

Signature required here:

Children's names & parent/caregiver signature must be provided on all the required days below.

Week 4

Monday 22 January 2024

Child's name: _____

I consent for my child/ren to participate in the "OLON" event, as well as indoor and outdoor play on the courts and playground.

Signature: _____

Complete the additional excursion form

Tuesday 23 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Yoga" activities, as well as indoor and outdoor play on the courts and playground.

Signature: _____

Wednesday 24 January 2024

Child's name: _____

I consent for my child/ren to participate in the "Beyblades" activities, as well as indoor and outdoor play on the courts and playground.

Signature: _____

Thursday 25 January 2024

Child's name: _____

I consent for my child/ren to participate in the In-house "Movie Day" and activities, as well as indoor and outdoor play on the courts and playground

Signature: _____

Friday 26 January 2023

Child's name: _____

Public Holiday

Signature: _____

Our Lady Queen of Peace School



All families must complete both sides of this consent form

Student names: _____

1. **Parent/caregiver name:** _____

Phone: H _____ W _____ M _____

2. **Parent/caregiver name:** _____

Phone: H _____ W _____ M _____

1. **Emergency contact & collection authority:**

Name: _____ Relationship to child: _____

Phone: H _____ W _____ M _____

2. **Emergency contact & collection authority:**

Name: _____ Relationship to child: _____

Phone: H _____ W _____ M _____

Please list any dietary requirements: _____

Please circle Yes or No, and provide details where necessary:

Any current custody orders? <i>(If Yes please provide a copy)</i>	Yes / No
I understand that if my child develops a fever or demonstrates general illness, I or one of the other contacts (in the above order) will be called to collect my child.	Yes / No
I understand that once booked, excursion days cannot be cancelled, and I will be charged regardless of my child's attendance.	Yes / No
In service days may be cancelled if a full 48 hours' notice is given, or I will be charged. NB. Cancellation for sickness can be an allowable absence if a doctor's certificate is provided.	Yes / No
I understand that if my child demonstrates persistent, disruptive behaviour, I or one of my contacts will be called to collect my child, and further bookings may be cancelled at the discretion of the Director as per the signed agreement.	Yes / No
I understand that it is my responsibility to advise staff if I do not wish my child to participate in a particular activity as indicated in the permission documents.	Yes / No
I agree to pay the fees as indicated by my account. If I have not supplied the service with my and my child's date of birth and CRN numbers, I understand that I will be paying FULL fee.	Yes / No

Emergency Medical Contact

As a parent/guardian to _____

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide the name, address and telephone number of any medical personnel currently treating your child who has information that may help emergency services.

Name: _____ Address: _____

Phone: _____ Other info: _____

Special circumstances

My child has a medical condition/s requiring particular treatment in the event of an accident, illness or emergency. Details of the medical condition:	Yes / No
Is there a Medical Management Plan in place?	Yes / No
<i>If Yes, does the school have a current copy?</i>	Yes / No
Does your child require modifications to this plan? <i>If Yes, please provide details:</i>	Yes / No
If no, are you aware of any other medical emergency that could arise?	Yes / No
Please provide details of the emergency and how to recognise it.	
Emergency treatment (Please attach additional information, if necessary).	
<p>I understand that if at any time the staff of the service consider that my child requires emergency medical/hospital/ambulance assistance, they will have an ambulance attend my child.</p> <p>Ambulance/medical cover is provided for all OSHC/Vacation Care children who are enrolled at a catholic school. Children with pre-existing conditions, i.e. asthma, anaphylaxis, diabetes, are not covered by the school's ambulance cover.</p> <p>In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.</p>	

Parent/Guardian signature:

Date: / /



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Largs Bay Swim Centre
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at/on:

LOCATION	195 Victoria Road Largs Bay 5016
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FROM:

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 TO:

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 OR ON:

1	9	1	2	2	3
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*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/preschool 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 teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> Largs Bay Swim Centre
TRANSPORT ARRANGEMENTS	<i>Private bus</i> <i>Departs from OLQP @ 9:40am</i> <i>Returns to OLQP @ approximately 1:30pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:10</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Popeye River Cruise Excursion
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at/on:

LOCATION	King William Rd, Adelaide 5001
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FROM:

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 TO:

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 OR ON:

0	8	0	1	2	4
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*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/preschool 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 teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> Popeye Cruise Excursion Please bring a REFILLABLE DRINK BOTTLE
TRANSPORT ARRANGEMENTS	<i>Train</i> <i>Departs from Albert Park @ 10:06am</i> <i>Return to OLQP @ approximately 1:30pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:10</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
-------------	--

give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Adelaide Zoo
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at/on:

LOCATION	Frome Rd, Adelaide SA 5000
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FROM:

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 TO:

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 OR ON:

1	0	0	1	2	3
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*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/preschool 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 teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> <i>Adelaide Zoo</i>
TRANSPORT ARRANGEMENTS	<i>Private bus</i> <i>Departs from OLQP @ 9:25am</i> <i>Returns to OLQP @ approximately 2:30pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:8</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	The Science Collective
---	------------------------

at/on:

LOCATION	St Clair Recreation Centre, Woodville Road Woodville
----------	--

FROM:

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 TO:

--	--	--

 OR ON:

1	6	0	1	2	4
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
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TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*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/preschool 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 teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> The Science Collective
TRANSPORT ARRANGEMENTS	<i>Train</i> <i>Departs from OLQP @ 9.36am</i> <i>Return to OLQP @ approximately 2:00pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:8</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Odeon Cinema
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at/on:

LOCATION	Semaphore Road, Semaphore 5019
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FROM:

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 TO:

--	--	--

 OR ON:

1	7	0	1	2	4
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*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/preschool 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 teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> Odeon Cinema Semaphore Candy Bar additional \$6, billed to your account. Please inform staff to opt out of the “Candy Bar” option
TRANSPORT ARRANGEMENTS	<i>Private bus</i> <i>Departs from OLQP @ 9:25am</i> <i>Returns to OLQP @ approximately 12.15pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	45
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	6
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	1:12
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	NA
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	OSHC Director Jo – 0417 840 700

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Largs Bay Swim Centre
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at/on:

LOCATION	195 Victoria Road Largs Bay 5016
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FROM:

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 TO:

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 OR ON:

1	8	0	1	2	4
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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*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/preschool 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 teacher-in-charge if you wish to discuss any health care problems.



ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> Largs Bay Swim Centre Don't forget your towel and plastic bag for wet bathers.
TRANSPORT ARRANGEMENTS	<i>Private bus</i> <i>Departs from OLQP @ 9.40am</i> <i>Returns to OLQP @ approximately 1:00pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:10</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



Our Lady Queen of Peace School – Vacation Care

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
-------------	--

give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	OLON Centre
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at/on:

LOCATION	86 Trimmer Parade, Seaton SA 5023
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FROM:

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 TO:

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 OR ON:

2	2	0	1	2	4
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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes No N/A

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes No N/A

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes No

If Yes, please outline details to the school in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
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- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> <i>OLON centre</i>
TRANSPORT ARRANGEMENTS	<i>Private bus</i> <i>Departs from OLQP @ 9.45am</i> <i>Returns to OLQP @ approximately 12:30pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:12</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.