

Bug-A-Lugs School Holiday Excursion Permission Form July 2025

PARENT / GUARDIAN / EMERGENCY CONTACT DETAILS

Full name _____ Relationship to child _____ Address _____ Mobile: _____	Full name _____ Relationship to child _____ Address _____ Mobile: _____
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CHILDS DETAILS

CHILD: 1 Full name: _____ DOB: _____	CHILD 2 Full name: _____ DOB: _____	CHILD 3 Full name: _____ DOB: _____
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CHILDS HEALTH INFORMATION (please fill in every part)

Name Doctor/Medical Service _____ Telephone _____

Address _____ Medicare # _____ Ambulance # _____

Does your child/ren have any additional needs or a disability? ☐ Yes ☐ No If so child number: ☐ 1 ☐ 2 ☐ 3
please specify _____

Does your child/ren have any Medical Conditions? ☐ Yes ☐ No If so child number: ☐ 1 ☐ 2 ☐ 3
Please specify _____

Does your child/ren have any dietary restrictions ☐ Yes ☐ No If so child number: ☐ 1 ☐ 2 ☐ 3
please specify _____

Does your child/ren have any allergies or sensitivity? ☐ Yes ☐ No If so child number: ☐ 1 ☐ 2 ☐ 3
please specify _____

Are there any court orders or plans in place? ☐ Yes ☐ No If so child number: ☐ 1 ☐ 2 ☐ 3
please specify _____

EXCURSION DETAILS (please tick the days your child will be attending):

Excursions will be \$125 per day before rebates. Please make sure you arrive at least 30 minutes prior to leaving.

CHILD:1 <input type="checkbox"/> Monday, 7th July Bounce Heidelberg Location: 590 Waterdale Rd, Heidelberg We'll depart from Bug-A-Lugs at 9:00 AM and return by 3:00 PM.	CHILD:2 <input type="checkbox"/> Monday, 7th July Bounce Heidelberg Location: 590 Waterdale Rd, Heidelberg We'll depart from Bug-A-Lugs at 9:00 AM and return by 3:00 PM.	CHILD:3 <input type="checkbox"/> Monday, 7th July Bounce Heidelberg Location: 590 Waterdale Rd, Heidelberg We'll depart from Bug-A-Lugs at 9:00 AM and return by 3:00 PM.
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Parental Permissions:

I, the undersigned, approve of the enrolment and excursions and I agree to abide by the rules and conditions of the Bug-A-Lugs Holiday Care Program and meet any costs incurred. I accept full responsibility for my child's belongings and behaviour whilst attending this program. I agree:

- To pay for all of the days my child is successfully enrolled, regardless of whether my child actually attends the days booked, unless cancellation is made in writing prior to **30th June 2025 and hasn't been paid for.**
- That I will receive an invoice fortnightly and that my account will be debited the opposite week, starting on the 10th July, through Debit success and that I will incur a late fee for each invoice unpaid and that there will be NO refunds of fees.
- That my child/ren will follow the Bug-A-Lugs' safety rules and treat others with respect. Our educators reserve the right to cancel a child's enrolment if his/her behaviour is deemed to be unacceptable.
- That my child can travel by Public Transport, Private Car, Private Charter Bus and/or the Service's Bus on Excursions during the Holiday Care Service noted above.
- That I will inform the Bug-A-Lugs Team of any absence of my child and am aware that absent days will contribute towards my 'Allowable Absences' per year for Centrelink Childcare Subsidy purposes.
- That I will give notice to staff if my child is to leave the centre, at any time of the day, and accept that once they have been signed out, Bug-A-Lugs employees are no longer responsible for my child/ren.

Medical Permissions:

I authorise:

- Bug-A-Lugs to seek any medical treatment, for my child/ren, from a registered medical practitioner, hospital, dentist and/or be transported by an ambulance service, or where appropriate have educators administer emergency medical treatment as is reasonably necessary. I also agree to pay or reimburse any expenses incurred for this medical treatment including but not limited to ambulance transport, emergency services or medication required.
- That if my child is injured or becomes ill during the program, either myself or an authorised person shall collect my child as soon as possible.
- The service to display the relevant Action Plan.
- That my child will not attend the program if suffering from an infectious or contagious illness, including COVID-19.

and

- I will provide, if applicable, the relevant and completed anaphylaxis, asthma, epilepsy or any other relevant medical 'Action Plan' and Risk Minimisation Plans for my child, along with any "in date, pharmacy labelled" required medications.

Activity Permissions:

In addition:

- I understand that where any event is held at a third- party site Bug-A-Lugs will not be liable as a result of any incidents occurring at this site, and that my child will be subject to the insurance coverage of the third-party site that we attend. I am aware that my child must adhere to the instructions given by the third- party site staff members and Bug-A-Lugs educators while on any excursion.
- I understand that all excursions will be staffed at a ratio of 1:15 as a maximum ratio.
- I understand excursions maybe cancelled or altered due to circumstances beyond our control. All fees will remain the same. I understand that Bug-A-Lugs will inform me of this change as soon as practicable before the day.

Name: _____ Signature: _____ Date: _____

*Note: A risk assessment is filled out prior to all excursions and is available at Bug-A-Lugs.

Any medication required for your child will need to be given to an educator prior to leaving the premises and a permission to administer medication form signed.

Administration Use Only:

Date received:

Time Received:

Form checked by Name:

Signature: