

Bug-A-Lugs School Holiday Excursion Permission Form April 2026

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 _____

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):

All excursions will be \$130 per day before rebates. Please make sure you arrive at least 30 minutes prior to leaving.

CHILD:1 <input type="checkbox"/> Friday 17 th April – Bendigo Cinema’s Movie, 107-109 Queens St, Bendigo, 3550. Leave Bug-A-Lugs Woodend @ 10.30am and Return to Bug-A-Lugs Woodend @ 2.00pm.	CHILD:2 <input type="checkbox"/> Friday 17 th April – Bendigo Cinema’s Movie, 107-109 Queens St, Bendigo, 3550. Leave Bug-A-Lugs Woodend @ 10.30am and Return to Bug-A-Lugs Woodend @ 2.00pm.	CHILD:3 <input type="checkbox"/> Friday 17 th April – Bendigo Cinema’s Movie, 107-109 Queens St, Bendigo, 3550. Leave Bug-A-Lugs Woodend @ 10.30am and Return to Bug-A-Lugs Woodend @ 2.00pm.
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Parental Permissions:

I, the undersigned, approve of the enrolment and excursions and 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 days my child is successfully enrolled, regardless of whether they attend, unless written cancellation is received prior to 1st April 2026 and fees have not yet been paid.
- That I will receive invoices fortnightly, and my account will be direct debited the following week (commencing 9th April 2026) through Debit Success. Late payment fees will apply to any unpaid invoices. No refunds will be issued once payment has been processed.
- That my child/ren will follow Bug-A-Lugs’ safety rules and treat others respectfully. Educators reserve the right to cancel a child’s enrolment if behaviour is deemed unsafe or inappropriate.
- That my child may travel by Public Transport, Private Car, Private Charter Bus, and/or the Service Bus during excursions listed on the program.
- To notify the Bug-A-Lugs Team of any absences. I understand absent days count toward my child’s Allowable Absences under the Child Care Subsidy (CCS).
- To inform staff before my child leaves the centre at any time and acknowledge that Bug-A-Lugs staff are no longer responsible once they have been signed out.

Medical Permissions:

I authorise Bug-A-Lugs to:

- Seek any medical treatment for my child/ren from a registered medical practitioner, hospital, or dentist, and/or arrange ambulance transport if required.
- Permit educators to administer emergency first aid or medical treatment as is reasonably necessary.
- Accept full responsibility for any costs incurred, including ambulance or medical expenses.
- Display my child’s relevant medical Action Plans (as required).
- Ensure my child does not attend the program while suffering from any infectious or contagious illness (including but not limited to COVID-19, influenza, or gastroenteritis).
- Provide Bug-A-Lugs with any up-to-date medical documentation (e.g., anaphylaxis, asthma, epilepsy, or other management plans), as well as “in-date, pharmacy-labelled” medication for my child if required.

Activity Permissions:

- I understand that where an event is held at a third-party venue, Bug-A-Lugs is not liable for incidents occurring at that site. My child will be covered under the venue’s insurance and must follow directions from both Bug-A-Lugs educators and the venue’s staff.
- I understand that all excursions are staffed at a maximum ratio of 1 educator to 15 children.
- I understand excursions may be cancelled or modified due to circumstances beyond Bug-A-Lugs’ control (e.g. weather, transport delays, illness outbreaks). All fees will remain unchanged, and families will be notified as soon as reasonably practicable prior to the excursion.
- I give my consent for Bug-A-Lugs to provide regular outings to the oval in Kyneton

Name: _____ Signature: _____ Date: _____

* A risk assessment is completed prior to every excursion and is available for viewing at Bug-A-Lugs. Any medication your child requires must be handed to an educator before departure, along with a signed Permission to Administer Medication form.

Administration Use Only:	Date received:	Time Received:
Form checked by Name:	Signature:	