

# Bug-A-Lugs School Holiday Excursion Permission Form April 2024

## PARENT / GUARDIAN / EMERGENCY CONTACT DETAILS

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

## CHILDS DETAILS

CHILD: 1	CHILD 2	CHILD 3
Full name: _____	Full name: _____	Full name: _____
DOB: _____	DOB: _____	DOB: _____

## 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

Plasespecify \_\_\_\_\_

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):

We are planning on walking from Bug-A-Lugs Kyneton to OLR School and walking back to Bug-A-Lugs again. If the weather is bad we will travel in our minibus and work vehicles to and from the school.

The price for excursions below will be \$120 per day before rebates.

CHILD:1 <input type="checkbox"/> Friday 5 <sup>th</sup> April – Our Lady of the Rosary, 47 Edgecombe St, Kyneton. Leave Bug-A-Lugs @ 9.30am and Return to Bug-A-Lugs by 2.00pm.	CHILD:2 <input type="checkbox"/> Friday 5th April – Our Lady of the Rosary, 47 Edgecombe St, Kyneton. Leave Bug-A-Lugs @ 9.30am and Return to Bug-A-Lugs by 2.00pm.	CHILD:3 <input type="checkbox"/> Friday 5th April – Our Lady of the Rosary, 47 Edgecombe St, Kyneton. Leave Bug-A-Lugs @ 9.30am and Return to Bug-A-Lugs by 2.00pm.
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**Parental Permissions:**

I, the undersigned, approve of the enrolment 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 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 **31<sup>st</sup> March 2024 and hasn’t been paid for.**
- That I will receive an invoice fortnightly and that my account/card will be debited the opposite week, starting on the 4<sup>th</sup> of April 2024, through Debitsuccess 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 walk when local or travel by Public Transport, Private Car, Private Charter Bus and/or the Service’s Bus on Excursions during the Holiday Care Service.
- That I will inform the Bug-A-Lugs Team of any absence of my child and I am aware that absent days will contribute towards my ‘Allowable Absences’ per year for Centrelink Child Care 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 maximum ratio of 1 educator per 15 children.
- 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.

<b>Administration Use Only:</b>	Date received:	Time Received:
Form checked by Name:	Signature:	