



# Excursion Location / Transport Risk Management Plan and Excursion Parent Permission Form



**Excursion Type** Regular Outing/Transport: \_\_\_\_\_ **OR** Irregular Outing/Transport (once off): \_\_\_\_\_

Start/Pick-up Address \_\_\_\_\_ e.g. Educator residence address Depart Time \_\_\_\_\_ e.g. 840am

Destination 1 Address \_\_\_\_\_ e.g. School address Arrive/Depart Time \_\_\_\_\_ 855am / 900am

Destination 2 Address \_\_\_\_\_ e.g. Park address Arrive/Depart Time \_\_\_\_\_ 920am / 1000am

Destination 3 Address \_\_\_\_\_ e.g. library address Arrive/Depart Time \_\_\_\_\_ 1015am / 1045am

Destin. 4/End Address \_\_\_\_\_ e.g. Educator residence address Arrive Time \_\_\_\_\_ 1115am

**On which day/s is the excursion to occur?**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

**Google Map of route** (attached) Yes      No      If no, describe the proposed route e.g. left onto Smith St, right onto John Rd

**Reason for Excursion & Proposed Activities** e.g. Educational value, Physical activity, Park play equipment, School pick up or drop off

**Excursion Frequency** e.g. Excursion conducted fortnightly as weather permits on the day/s indicated above. Date of irregular (once off) excursion.

Do you have a valid First Aid Qualification and a fully stocked First Aid Kit on the excursion?	Yes	No
Do you have all children’s Action Plans (copy or Harmony access) and Medications on the excursion?	Yes	No
Do you have a mobile phone and emergency contact details for parents & Approved Service?	Yes	No
How many adults on the excursion?	How many children on the excursion? (maximum)	
Phone No. of adults on excursion	Sally Jones 0414333555	John Kelly 0414333777      Eve Blake 0414333999
Are the Excursion documents available on the excursion and to the family? Store a copy on your phone	Yes	No
Do you have approval for the location from the Approved Service? Written evidence required	Date	Yes      No

*Use the ‘Risk Matrix’ diagram to determine the likelihood and potential consequence of each risk.*

*Use your best judgement to decide if each risk is acceptable or not.*

***When a risk is deemed unacceptable the activity should not proceed.***

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Absent	Moderate	High	High	Extreme	Extreme
	Unlikely	Moderate	Moderate	High	Extreme	Extreme
	Possible	Low	Moderate	High	High	Extreme
	Unlikely	Low	Low	Moderate	High	High
	Rare	Low	Low	Low	Moderate	High

Description of Risk	Control Measure/s			Is Risk Acceptable
Exit/Enter Location	Hold hands. Move together as a group. Walk in an orderly fashion.	Yes	No	No
Suitable Venue	Select venue based on age and developmental ability of the children.	Yes	No	No
Water hazard @ Venue	No water hazards accessible by children and/or 1:1 (adult:child) ratio.	Yes	No	No
Travel Hazard/s	Use travel route that avoids potentially hazards e.g. waterways, flood, storm	Yes	No	No
Access to busy road/s	Area suitably fenced and/or no access to busy road/s.	Yes	No	No
Sun (UV) exposure	Follow Sun Protection policy guidelines of Approved Service.	Yes	No	No
Play equipment over 60cm in height	Play equipment is situated on soft fall, or the like, and is suitable for the children attending the excursion.	Yes	No	No
Toileting needs	Suitable toilet facilities are available at the location.	Yes	No	No
Supervision at highly populated location	Always maintain visual supervision. Move together as a group. Dress children in easily identifiable and/or match clothing items e.g. hat.	Yes	No	No
Unforeseen hazards	Upon arrival, then periodically, check location for hazards.	Yes	No	No
Other	Enter control measure	Yes	No	No

**Transport Type:** (tick as relevant)      Private Vehicle      Walk      Public Transport (*service approval required*)

<b>Risk – General</b> <i>All excursions</i>	<b>Control Measure/s</b>	<b>Is Risk Acceptable</b>	
Enter/Exit vehicle	Children are secured into &/or removed from the vehicle in the order that is safest for the group. Use curb side door. Account for each child before leaving.	Yes	No
Impact injury	Ensure safe distance between children & moving vehicles e.g. car, bus, train, etc	Yes	No
Lost child	Ensure children remain in close proximity & maintain visual supervision.	Yes	No
Road safety & in Carpark	Children hold hands &/or stroller. Use footpath, traffic lights & pedestrian crossing. Road safety education - Stop, look & listen.	Yes	No
Driveways	Children hold hands &/or stroller. Road safety education - Stop, look & listen.	Yes	No
Hazard/s Water/Other	Use travel route that avoids potential hazard/s e.g. waterways, storm, fire. Do not proceed through hazardous waterway e.g. flood, causeway, lake, dam, etc.	Yes	No
Other	Enter control measure	Yes	No

<b>Risk - Public Transport</b>	<b>Control Measure/s</b>	<b>Is Risk Acceptable</b>		
Approval	Has approval been given, by the Approved Service, to use public transport?	Yes	No	NA
Fall injury	Stand back from platform or road edge. Hold hands & use visual supervision.	Yes	No	NA
Fall injury	Children to remain seated on moving vehicle & use seatbelts if provided. Use lifts instead of travelator or escalator.	Yes	No	NA
Other	Enter control measure	Yes	No	NA

<b>Risk - Private Vehicle</b>	<b>Control Measure/s</b>	<b>Is Risk Acceptable</b>		
Car accident	Driver to use defensive driving techniques. Driver fit & healthy. Adhere to road rules. Hands-free use of mobile device only. Vehicle mechanically sound. Child car seats installed. Use seat belts.	Yes	No	NA
Propriety of driver	Valid driver's licence. Experienced with defensive driving techniques. No serious driving offenses in the last three (3) years. Driver fit & healthy. Driver not to be drug or alcohol effected.	Yes	No	NA
Propriety of vehicle	Valid registration & insurance. Vehicle mechanically sound. Vehicle has child safe door locks. Child car seats installed.	Yes	No	NA
Other	Enter control measure	Yes	No	NA

**Transport by Private Vehicle Only**

Valid NSW Drivers Licence:	Yes	No	Valid vehicle registration:	Yes	No
Valid CTP car insurance:	Yes	No	Valid Restraint Installation & Inspection Report:	Yes	No
Children are seated in an approved child car seat suitable for the age of the child. (see picture for specific details)				Yes	No
Children under 4 years are not transported in the front seat of a vehicle. Children 4 - 7 years are not transported in the front seat when rear seats are available nor without written parent permission.	Yes	No		Yes	No
I have appropriate activities for the children to do whilst in transit e.g. music, songs, books, etc	Yes	No		Yes	No

Addition details/notes:

*Excursion location, transport and parent permission forms must be renewed annually each January.*

Educator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent / Guardian Permission

Excursions are a great way for children and Educators to engage with the community! An excursion is defined as occurring whenever the Educator and child/ren are at a location other than the registered FDC residence. Regular outing excursions/transport occur on a regular basis and maintain substantially the same circumstance as on the risk assessment. Irregular outing excursions/transport occur as a once off event.

The maximum Educator to child ratio is seven (7) children, with no more than four (4) of these children being under school age. If the excursion is subject to a water hazard the Educator/child ratio will be one to one (1:1).

The activities undertaken during an excursion are to be educational, based on child interests and/or for transportation purposes as part of the provision of care (e.g. to and from school).

Before an excursion occurs, written permission by a parent or persons named in the child's enrolment record as having authority is required. For any excursion enquiries please contact the Approved Service on (02) 8843 2560.

Excursion cost (if relevant)	Amount: \$
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Please note that the Excursion Location and Transport Risk Management Plan constitutes part of the Excursion Parent Permission form.

By signing below, you authorise and agree:

- For my child (named below) to be taken outside of the education and care services residence by the Educator (named above) for the purpose of an excursion or transport and;
- For my child (named below) to attend an excursion or Transport to the location named above on the risk assessment and;
- That I have read and authorise the Excursion Location / Transport Risk Management Plan, which includes:
  - location risk assessment, proposed destinations, duration of excursion/transport, timetable, excursion frequency, proposed activities, ratio of Educator/s (and other adult/s) to children, and;
  - A risk assessment for the mode of transport used for the excursion including child safety seat requirements.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I give permission for my child, and confirm they are over four (4) years old, to travel in the front seat of a vehicle, which has two or more rows of seating, when all other rear seats are occupied by younger children. Yes      No

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

I give permission for my child, and confirm they are over four (4) years old, to travel in the front seat of a vehicle, which has two or more rows of seating, when all other rear seats are occupied by younger children. Yes      No

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

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