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Dear Parents/Carers

**Excursion Permission Slip – Orana Cinema Busselton & Busselton Foreshore**

**Date:** Tuesday 28<sup>th</sup> September 2021

**From:** Naturaliste Community Centre – Dunsborough Lakes Drive

**To:** Orana Cinema (27 Albert Street - Busselton) then to Busselton Foreshore (Queen Street - Busselton)

**Transportation** - via Gannaways Bus Service on a Coach bus, with mandatory seatbelts and restraints to be worn.

**Staffing Arrangements** - 6 adult staff will accompany and supervise children (ratio 1:11) during the transportation and excursion, with up to 52 children to be in attendance on the day.

**Duration**

- 10:00 Travel from NCC to Orana Cinemas
- 12:30 Depart Orana Cinemas and travel to Busselton Foreshore (dependant on weather forecast)
- 2:00 Depart Busselton Foreshore and return to NCC
- Arrive back at approximately 2:45pm

A risk assessment and written policies and procedures are available to view upon request.

**Please ensure you pack the following items for your child:**

- **Lunch box** with morning tea, lunch, afternoon tea and a water bottle
- **Pack a hat and wear closed in shoes**
  - Sunscreen **only** if your child requires a specific type
  - Spare clothes in case we get wet
  - Jacket (if needed)

If the weather is not suitable to attend the foreshore, we will leave the cinema and travel back to the NCC at approximately 12:30pm.

Please come and see me if you have any questions or concerns about the excursion. **For urgent situations, the supervisor for the day can be contacted on 0401 356 464.**

Thank you.

Jemma Mann  
Naturaliste Community Centre  
Vacation Care Education Leader and Nominated Supervisor.

**AUTHORISED PERMISSION SLIP**

I \_\_\_\_\_ give permission for my child/children

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\_\_\_\_\_  
\_\_\_\_\_

to attend the excursion to Orana Cinema and Busselton Foreshore on the 28<sup>th</sup> September 2021, travelling by Gannaways Bus leaving the NCC at 10:00am and returning by approximately 3:00pm.

In the event of an emergency, an accident or illness, I give permission for medical attention to be sought for my child/children and for them to be transported to the nearest available hospital or emergency centre.

Parent name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_