

**Geographe Leisure Centre Vacation Care**

Cnr Recreation Ln & Queen Elizabeth Ave, Busselton WA 6280

9754 3600 Email: [vacationcare@busselton.wa.gov.au](mailto:vacationcare@busselton.wa.gov.au)



Dear Families,

**Excursion Permission Slip – Erle Scott Reserve Capel**

**Date:** Friday 10<sup>th</sup> January 2025

**From:** Geographe Leisure Centre – Cnr Recreation Lane & Queen Elizabeth Ave Busselton

**To:** **Erle Scott Reserve Capel** (24 Buchanan Rd, Capel) for an ice cream, playground play, water play and sport play.

**Transportation** - via DR & NK James Bus Service with mandatory seatbelts and restraints to be worn that meet the safety requirements under law.

**Staffing Arrangements** – 6/7 adult staff will accompany and supervise children (ratio 1:11) during the transportation and excursion, with up to 65 children to be in attendance on the day.

**Duration**

- 10:00am Travel from GLC to Erle Scott Reserve.
- 1:30pm Depart Erle Scott Reserve and return to GLC.
- Arrive back at approximately 2:00pm

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 (water play equipment)

Please come and see us if you have any questions or concerns about the excursion. **The supervisors for the day can be contacted on 08 9754 3600 and 0409 544 548 or 0474 200 752**

Thank you,  
Jody Stolp and Belle Hancock  
Geographe Leisure Centre  
Vacation Care Education Leader and Nominated Supervisors.

**AUTHORISED PERMISSION SLIP**

I \_\_\_\_\_

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

to attend the excursion to **Erle Scott Reserve Capel** (24 Buchanan Rd, Capel) on Friday 10<sup>th</sup> Jan, travelling by DR & NK James Bus Service leaving the GLC at 10am and returning by approximately 2pm.

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.

Guardian name: \_\_\_\_\_ Contact number: \_\_\_\_\_

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