

Geographe Leisure Centre Vacation Care

Cnr Recreation Ln & Queen Elizabeth Ave, Busselton WA 6280

9754 3600 Email: vacationcare@busselton.wa.gov.au



Dear Families,

Excursion Permission Slip – Millers Ice Creamery

Date: Thursday 23rd January 2025

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

To: Millers Ice Creamery (314 Warring Rd, Cowaramup) for an Ice Cream, playground 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 Millers Ice Creamery.
- 1:30 Depart Millers 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

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 Millers Ice Creamery (314 Warring Rd, Cowaramup) on Thursday 23rd 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: _____