Naturaliste Community Centre Vacation Care 21 Dunsborough Lakes Dr, Dunsborough WA 6281 9755 3966 Email: vacationcare@busselton.wa.gov.au



Dear Families,

Excursion Permission Slip – Margaret River Rotary Park

Date: Tuesday 21st January 2024

From: Naturaliste Community Centre – Dunsborough Lakes Drive
To: Margaret River Rotary Park (53/69 Bussell Hwy, Margaret River)
Play on the playground, have picnic lunch and go for a bush walk
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**

- 10:30am Travel from NCC to Margaret River Rotary Park.
- 2:00pm Depart Margaret River Rotary Park and return to NCC
- Arrive back at approximately 2:30pm

A risk assessment and written policies and procedures are available.

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
 - Spare clothes in case we get wet
 - o Sunscreen **only** if your child requires a specific type

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 9755 3966 or 0436 620 885.

Thank you.

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Kayla Sermon and Sue Southern Naturaliste Community Centre Vacation Care Nominated Supervisors

AUTHORISED PERMISSION SLIP

give permission for my child/children:

to attend the excursion to **Margaret River Rotary Park** (53/69 Bussell Hwy, Margaret River) on Tuesday 21st Jan 2025, travelling by DR & NK James Bus Service leaving NCC at 10.30am and returning approximately 2.30pm.

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: _____