

Dear Families,

Excursion Permission Slip – Orana Cinema and Lou Weston Oval

Date: Tuesday 7th January 2024

From: Naturaliste Community Centre – Dunsborough Lakes Drive

To: **Orana Cinemas** (27 Albert Street, Busselton) and **Lou Weston Oval** (55 Dorest St, West Busselton)

Watch a movie, have a popcorn and drink snack in the cinema, picnic lunch and play on the local playground (weather permitting).

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 NCC to Lou Weston Oval.
- 12:30pm Depart Lou Weston Oval and travel to Orana Cinema.
- 3:00pm Depart Orana Cinema and return to NCC
- Arrive back at approximately 3:30pm

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
 - 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.

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

AUTHORISED PERMISSION SLIP

I _____

give permission for my child/children: _____

to attend the excursion to **Orana Cinemas** (27 Albert Street, Busselton) and **Busselton Foreshore Playground** (55 Dorset St, West Busselton) on Tuesday 7th Jan 2025, travelling by DR & NK James Bus Service leaving NCC at 10.00am and returning approximately 3.30pm.

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: _____

Date: _____