



# Bishop Tyrrell Anglican College

Learn. Lead. Serve.

## PARENT AUTHORISATION FOR REGULAR OUTING

Dear Parents and Families

As part of our educational program, we make regular visits to Bishop Tyrrell Anglican College during the year. This outing is within walking distance from our Preschool and provides valuable opportunities for children to explore the College and extend upon their learning. A detailed risk assessment has been conducted to protect children from any harm or hazard likely to cause injury. This is available at the Preschool upon request. Educators will monitor and supervise children at all times against an accurate attendance record.

Written authorisation is required by parents/guardians **once each year** to allow your child to participate in the proposed regular outing. If any changes occur to the risk assessment or organisation, a new authorisation may be required.

Please sign the authorisation form below and return to the Preschool Office.

✂-----

### Authorisation for Regular Outing

Name of Service	Bishop Tyrrell Preschool		
Proposed number of children	20	Educator to child ratios	1:10
Regular outing venue	Bishop Tyrrell Anglican College eg library, hall, Kindergarten classroom		
Address	256 Minmi Road Fletcher		
Mode of transport	Walking – routes detailed on risk assessments		
Proposed activities	School readiness programs		
Time departing Service	Varies	Estimated time away from Service	Max 40 minutes
Supervising staff/educators attending	Ratios of 1:10 to be maintained at all times.		
I give my permission for _____ [name of child] to participate in regular outings whilst being educated and cared for by Bishop Tyrrell Preschool I understand that I will be notified about the outing on the day this will occur via seesaw message.			

In the event of an injury or emergency, I acknowledge that the supervising educator will attempt to contact me. In an emergency, I authorise the service to obtain all necessary medical assistance, including ambulance transport, medication and hospital admission.

Name of Parent/guardian		Signature	
Date		Phone number	(mobile) (work)