



# BELLEVUE HEIGHTS PRIMARY SCHOOL

## Out of School Hours Care – Vacation Care

### EXCURSION & INCURSION CONSENT FORM APRIL 2024

<b>Child's Name</b>		<b>Child's Name</b>	
<b>Child's Name</b>		<b>Child's Name</b>	
<b>Child's Name</b>		<b>Child's Name</b>	
<b>Your name</b>			
<b>email</b>			
<b>Phone no.</b>			

I give my consent for my child/ren (listed above) to participate in **ALL** the incursions & excursions listed below:

Name of activity	Date	Time frame	Location	Transport	Proposed activity	Est No. of Children	Ratio	Signature
General art & craft activities	All dates	N/A	BHPS	N/A	General arts & craft, hot glue, orchard, sandpit, outside play, playground, gym, movies (PG).	N/A	1:12	
World Art Day	15/04/24	N/A	BHPS	N/A	Painting, clay sculpture, junk craft.	25	1:12	
Maritime Museum & Port River Cruise	16/04/24	6 hours	South Australian Maritime Museum, Port River	Private Bus, Private Boat (on excursion)	Port River cruise, Explore the Maritime Museum and complete the Lego trail.	30	1:8	
Master Chef	17/04/24	N/A	BHPS	N/A	Cooking and baking in small groups. Make your own recipe book. Taste test.	25	1:12	
Road Safety School	18/04/24	6 hours	Bonython Park, Police Road Safety School	Private Bus	Play on the playground at Bonython Park. Police Road Safety School including bike riding.	30	1:8	
Costume Party	19/04/24	N/A	BHPS	N/A	Dress ups, mask making, temporary tattoos, face and hair glitter.	25	1:12	
Magic Show	22/04/24	1 hour	BHPS	N/A	Watch Mickster the Trickster perform his Magic Show.	25	1:12	
OSHC Cluedo	23/04/24	N/A	BHPS	N/A	Solve the mystery of who, what where?	25	1:12	
Adelaide Zoo	24/04/24	6 hours	Adelaide Zoo	Private Bus	Explore Adelaide Zoo	25	1:8	
Playground Hop	26/04/24	6 hours	BHPS, Bellevue Heights & Eden Hills	Walking	Visit different playgrounds within the school and local community.	25	1:8	

*Details of planned activities and transport arrangements are provided on the information sheet attached.*

**Agreement:** I am aware of arrival and departure times, modes of transport and what my child/ren need on the day.  
I have submitted health care information, including details of any relevant medical or physical limitations he/she/they have.

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