



Baringa Child-Care Centre Association  
Incorporated ABN 42 028 145 288  
64 Baddeley Crescent  
SPENCE ACT 2615

P: 02 6258 8891  
E: admin@baringachildcare.com

## EXCURSION PREPARATION FORM & RISK ASSESSMENT

EXCURSION DETAILS			
Excursion Title:		Is there water or other significant hazard?  YES / NO	
Destination Address:			
Contact Person at Destination:		Booking Made	
Phone Details at Destination:	Phone: Mobile:	Booking Confirmed	

TRANSPORT DETAILS			
Mode of Transport:		Departure Time:	
Transport Company Phone:		Return Time:	

ADULT INFORMATION			
Attending Adults (Educators, Volunteers, Students, Parents & Carers)	First Aid	WWVP Card	Contact Mobile
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

EXCURSION CHECKLIST			
	First Aid Kit Packed		List of children attending the excursion
	Risk Assessment:		Contact information for each adult
	Contact Information for each adult:		Medical information for each child
	Mode of Transport Booked		Mobile Phones / other means of communicating with the centre and emergency services
	Other items, please list		



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CHILDREN INFORMATION		
Attending Children	Permission Form Returned	Medical Condition
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
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**TEMPLATE FOR EXCURSION FORM**

Dear Parent/s and Guardians,

The [ ROOM NAME ] will be going on an excursion to [ VENUE & LOCATION OF DESTINATION ] on [ DATE ]. The children will be off site from approximately [ TIMEFRAME ]. We will be travelling by [ MEANS OF TRANSPORT ]. [ USE THIS NEXT SENTENCE IF FOOD IS PROVIDED ] During the excursion the children will be having [ FOOD ] supplied by [ SUPPLIER i.e. Baringa, venue location etc ].

This excursion is to [ REASON FOR EXCURSION ].

We anticipate a maximum of [ NUMBER OF CHILDREN ] children attending the excursion. We will be adhering to the 1 to 4 ratios with [ NUMBER OF EDUCATORS ] educators in attendance. There is a risk assessment prepared and filed in the office.

The cost for this excursion is [ COST OF EXCURSION ].

Please complete our online permission form by COB [ DATE OF RSVP ] at [ LINK TO FORM ].

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Permission Note	



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**RISK ASSESSMENT**

Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When

Plan prepared by:			
Prepared in consultation with:			
Communicated to:			
Venue & safety information reviewed and attached	Yes / No Comment if needed:		

**REMINDER: Monitor the effectiveness of controls and change if necessary. Review the risk assessment if an incident or significant change occurs.**



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RISK ASSESSMENT MATRIX					
Consequence					
Likelihood					
	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Moderate	High	High	Extreme	Extreme
Likely	Moderate	Moderate	High	Extreme	Extreme
Possible	Low	Moderate	High	High	Extreme
Unlikely	Low	Low	Moderate	High	High
Rare	Low	Low	Low	Moderate	High