ARMIDALE & DISTRICT FAMILY DAY CARE
AUTHORISATION FOR REGULAR INCURSIONS

I, (Parent/Guardian)_____authorise (Educator)_____

To include my Child/Children (names) _____in the incursions listed below.

PROPOSED LOCATION AND WHEN THIS WILL OCCUR, E.g., time and day. (Please include exact address)	PURPOSE OF INCURSION	METHOD OF TRANSPORT	PROPOSED ACTIVITES	LENGTH OF INCURSION	MAXIMUM NUMBER OF CHILDREN	ADULT TO CHILD RATIO	ANTICIPATED NUMBER OF ADULTS who will accompany and supervise.	PARENT SIGNATURE & DATE SIGNED
	.	N/A						

☐ *I am aware that a risk assessment has been prepared and available on request.*

☐ *I authorise my child to attend the above regular incursion on any day that my child attends care.*

*Signed:*_____ *Date:*_____