CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

EXCURSION PERMISSION FORM December 2025 Vacation Care

Name of child/ren:

_____

Venue: **Tobruk Pool**
Day/Date of excursion: Wednesday 17th December
Venue Address: 370 Sheridan St, Cairns North QLD 4870
Activities:

See program for daily costs.

Depart OSHC by bus at 10:30am
Arrive Tobruk Pool approx. 10:50am

Enjoy all the fun Tobruk Pool has to offer, the pool, trampolines and a nice grassy area to enjoy our chicken nuggets and chips.

Lunch provided by the venue.

Depart Tobruk Pool at 2:30pm
Arrive back at OSHC at approx. 2:50-3:00pm

Transport/Walking details:

Departure time: 10.30am sharp Return time: approx. 3:00pm

Transport type:

- Bus (Cairns Bus Charters)

Staffing:

Staff Ratio: 1: 5
Anticipated number of children: 70 Maximum
Anticipated number of staff: 14 Minimum

Excursion Permission

I_____ hereby give permission for my child/children to
(Please print)
attend the above excursion and activities organised by Caravonica Outside School Hours Care.

Parent/guardian Signature: **Name & Emergency Phone number:**

_____

_____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

INCURSION PERMISSION FORM January 2026 Vacation Care

Name of child/ren:
_____

Incursion: Laser Tag

When: Monday 5th January

See program for daily costs.

Incursion Permission

I _____ hereby give permission for my child/children to attend the above incursion/s and activities organised by Caravonica Outside School Hours Care.

Parent/Guardian Signature: **Name & Emergency Phone Number**

_____ _____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

EXCURSION PERMISSION FORM January 2026 Vacation Care

Name of child/ren:
_____

Venue: **Go Bowling**
Day/Date of excursion: Wednesday 7th January
Venue Address: 93 Pease St, Manoora QLD 4870
Activities: Bowling

See program for daily costs.

Depart OSHC at 9:50am
Arrive at Bowling at approximately 10:20am

Student will enjoy 2 games of ten pin bowling with their friends!

Lunch bags provided: Sandwich a Wrap, popcorn, muesli bar, and a juice box.

Depart Bowling at 2:00pm
Arrive back at OSHC approximately 2:30pm

Transport/Walking details:

Departure time: 9.50 am sharp Return time: approx. 2:30pm

Transport type:

- Bus (Cairns Bus Charters)

Staffing:

Staff Ratio: 1: 8
Anticipated number of children: 90 Maximum
Anticipated number of staff: 12 Minimum

Excursion Permission

I_____ hereby give permission for my child/children to
(Please print)
attend the above excursion and activities organised by Caravonica Outside School Hours Care.

Parent/guardian Signature: **Name & Emergency Phone number:**

_____ _____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

INCURSION PERMISSION FORM January 2026 Vacation Care

Name of child/ren:
_____

Incursion: Pedal Karts

When: Friday 9th January

See program for daily costs.

Incursion Permission

I _____ hereby give permission for my child/children to attend the above incursion/s and activities organised by Caravonica Outside School Hours Care.

Parent/Guardian Signature: **Name & Emergency Phone Number**

_____ _____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

EXCURSION PERMISSION FORM January 2025 Vacation Care

Name of child/ren:
_____

Venue: **Sugar world**
Day/Date of excursion: Monday 12th January
Venue Address: Hambledon Drive, Edmonton Queensland 4869
Activities:

See program for daily costs.

Age requirements for slides during a School or Group:
When planning a School or Group at Sugar world, please keep in mind the age and height requirements for the various slide zones.
Lagoon slide – 5 years & under only
Splash Town – 10 years & under only
Super Slides – riders must be 110cm to ride the Body slide and Tube slide & over 130cm to ride Mat Racer.

Transport/Walking details:

Departure time: 9:30am sharp Return time: approx. 4:30pm

Transport type:
- ☐ Private Charter Bus with seat belts (Cairns Bus Charters)

Staffing:

Staff Ratio: 1: 5
Anticipated number of children 80 Maximum
Anticipated number of staff: 16 Minimum

Excursion Permission

I_____ hereby give permission for my child/children to
(Please print)
attend the above excursion and activities organised by Caravonica Outside School Hours Care.

Parent/guardian Signature: **Name & Emergency Phone number:**

_____ _____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

INCURSION PERMISSION FORM January 2026 Vacation Care

Name of child/ren:
_____

Incursion: Gold Rush Expedition

When: Thursday 15th January

See program for daily costs.

Incursion Permission

I _____ hereby give permission for my child/children to attend the above incursion/s and activities organised by Caravonica Outside School Hours Care.

Parent/Guardian Signature: **Name & Emergency Phone Number**

_____ _____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

EXCURSION PERMISSION FORM January 2026 Vacation Care

Name of child/ren:
_____

Venue: **Inflatable Kingdom**
Day/Date of excursion: Tuesday 20th January
Venue Address: **164 Mayers St, Manunda QLD 4870**
Activities: Bouncing and Jumping

See program for daily costs.

Depart OSHC at 11:30am
Arrive at Inflatable Kingdom at 12:00pm

Children will enjoy 3 hours of bouncing, running, jumping and playing with their friends.

Depart Inflatable Kingdom at 3:30pm
Arrive back at OSHC at 4:00pm

Transport/Walking details:

Departure time: 11:30 am sharp Return time: approx. 4:00pm

Transport type:

- Bus (Cairns Bus Charters)

Staffing:

Staff Ratio: 1: 8
Anticipated number of children: 90 Maximum
Anticipated number of staff: 12 Minimum

Excursion Permission

I_____ hereby give permission for my child/children to
(Please print)
attend the above excursion and activities organised by Caravonica Outside School Hours Care.

Parent/guardian Signature: **Name & Emergency Phone number:**

_____ _____
(Please print)

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

INCURSION PERMISSION FORM January 2026 Vacation Care

Name of child/ren:
_____

Incursion: Mini Beasts

When: Friday 23rd January

See program for daily costs.

Incursion Permission

I _____ hereby give permission for my child/children to attend the above incursion/s and activities organised by Caravonica Outside School Hours Care.

Parent/Guardian Signature: **Name & Emergency Phone Number**

_____ _____
(Please print)