



## Excursion Permission Note

### Joining Our Community in Reducing Our Environmental Footprint!

**Date:** Monday 22nd July 2019  
**Venue:** Cessnock Waste Management Centre  
 1967 Old Maitland Road, Cessnock  
**Cost:** Free  
**Time of Excursion:** Departing Dudley Street at 11.00am  
 Returning at 12pm approx  
**Transport:** Cessnock Multipurpose Children's Centre  
 Toyota Coaster "Grandpa", Ford Transit "Tiny Tim"  
**Driver:** Jamie and Pippa  
**Supervision:** 1 Educator: 10 Children  
 Max. No. Children: 26  
**Senior First Aid Officer:** Expert Educators hold current first aid qualifications  
**Educators Attending:** Verginia, Ally and Joab  
**Risk Assessment:** Completed by Nicole Morris and is available at the office for viewing  
**Essential Items Needed:** Wide brim hat, shirt with sleeves, walking shoes (no thongs), water bottle



**CMCC Emergency Contact Number: 4990 2687 Email: admin@cmcc.nsw.edu.au**

#### Activity

#### COMMUNITY RECYCLING PROGRAM!

We are very excited to be organising our next excursion to the Cessnock Waste Management Centre as part of our Community Recycling Program! This program is for all of us with the intention that the children can drop their batteries, toner cartridges, e-waste (cords, computer mouses, charges, ear phones etc) in the recycling bank as they come into our centres, instilling recycling and sustainability within our programs.

The Expert Educators have organised excursions for the children to visit the local waste recycling centre and deliver the contents of the recycling banks when they start to fill up!

**My Time Our Place Learning Outcome 2:** Children are connected and contribute to their world.

I give permission for my child \_\_\_\_\_ to take part in the following activity: "Joining Our Community in Reducing Our Environmental Footprint!" at Old Maitland Road, Cessnock on Monday 22nd July 2019 between 11am and 12pm.

I understand that my child will travel on one of the Cessnock Multipurpose Children's Centre transport vehicles accompanied by expert educators Verginia, Ally and Joab

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Asthma

#### DOES YOUR CHILD HAVE?

Anaphylaxis

Need Medication

