



Name of Incursion provider	
Description of incursion	
Location of incursion	
Date of Incursion	
Incursion commencement time	
Duration	
Anticipated staff ratio	
Anticipated number of staff/adults attending	
Anticipated number of children attending	
The Nominated Supervisor has sighted the incursion provider's risk assessment/s <input type="checkbox"/>	
Activities that will be undertaken during the Incursion and links to the Service program	
As the Parent/Guardian or Authorised Nominee named in the child's enrolment record, I provide my authorisation for my child to participate in the Incursion as outlined above	
Child's Name	
Parent/Guardian/Authorised Nominee Name	
Signature	Date