



## **AUTHORISATION FOR TRANSPORTATION IN EARLY CHILDHOOD/OSHC SERVICES**

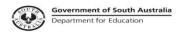
Please use block letters when filling out all yellow sections of this form

The Education and Care Services National Regulations state that authorisation for a child to be transported must be given by a parent or other person named in the child's enrolment record as having authority to authorise transportation of a child. The early childhood service MUST ensure that a child being educated and cared for by the service is not transported outside the education and care service premises unless written authorisation has been given.

Written authorisation MUST be given each time a child is transported unless the authorisation is for 'regular transportation'. Regular transportation means the transportation by the service or arranged by the service (other than as part of an excursion) where the relevant circumstances are substantially the same for each occasion. In this case a written authorisation is only required to be completed at least once in a 12 month period.

Note: for excursions the 'ED170 Consent form for camp, excursion, sporting or adventure activity' should be used.

As a parent/caregiver of:		CHILD'S NAME				
		CHILD'S DOB	DD /	MM / YYYY		
I: PAR	RENT/CAI	REGIVER NAME				
L						
-		ld named above to:				
be transported acc	ording to	the transport arra	ngement	s provided belov	<b>v</b> .	
Does your child hat transportation?	ive any h <mark>Yes</mark>	ealth support, or m	edicatio	n administration	needs that should be considered for	
If Yes, has a care p	olan/medi	cation agreement b	een pro	vided to the servi	ice? Yes No	
If No, please pro	vide a co	mpleted care plan/m	edication	agreement to the	service on completion of this form.	
-	-	impact your child's	s safe tra	ansportation <mark>? Ye</mark>	s No	
If Yes, please outli	ine details	in the box below.				
Parent/Caregiver (i	in case o	f emergency)				
NAME		i cincigency)				
DEL ATIONOLUD T	0 0      0					
RELATIONSHIP T	O CHILD					
TELEPHONE				MOBILE		
Child Medic Alert	Number	(If applicable):				
information you supply to	the service	d is not intended to preve /preschool will be treated nce. Please contact the	confidentia	lly. Such information is	pecific medical advice warrants exclusion. The health care sought in order to protect and assist the child so the activity ny health care problems.	
Early Childhood/O Transportation arra		leader to complete ts:	this sec	tion:		
REASON FOR TRANSPORTATION	ON EX	Excursion to Monarto Safari Park, Monarto South				
METHOD OF TRANSPORTATION bus (e.g. bus, taxi)						



## Date/dates the child is to be transported:

FOR SINGLE JOURNEY	DATE:	19	07	2024
(can include return trip)				

(can include retu	rn trip)										
Dagariba wha	vo the child is	ta ha trana		460	niak un	leastion and	doctination				_
	re the child is	to be trans	portea 1.6	e. tne	ріск-ир						
FROM LOCATION	Belair Primary	School OS	HC			FROM LOCATION (destination)	Monarto Safa Monarto Sout		rinces	Highway,	
TO Monarto Safari Park, Old I Monarto South			l Princes Highway,			TO LOCATION (destination)	Belair Primary School OSHC			-	
Journey 3:						Journey 4:	(if relevant)				
FROM LOCATION						FROM LOCATION (destination)					
TO LOCATION						TO LOCATION (destination)					
Journey 1:		_				Journey 2:	(if relevant)	1			
JOURNEY ST	ART TIME:	JOURNEY	FINISH TIME:		JOURNEY START TIME:		JOURNEY FINISH TIME:				
08:45 am children must be signed in at OSHC by 8.15am		1		1:30 pm	30 pm		2:45 pm				
Journey 3:						Journey 4:	(if relevant)	1			
JOURNEY START TIME: JOURNEY		/ FINISH TIME:		JOURNEY START TIME:		JOURNEY FINISH TIME:					
					: am/pm		: am/pm				
Early Childho	od/OSHC site	leader to co	mplete t	his se	ection:			•			
	CHILDREN LI		50								
	S AND OTHER		7								
EDUCATOR	TO CHILD RAT	ΓΙΟ	1:10 + 8	N							
SAFETY RESTRAINTS		Is there a requirement for seatbelts or safety restraints:			If yes, is this requirement being met in the means of transport to be used:						
			Yes	×	No		Y	es 🎇	No		
Agreement:											
•			_				nay take whatevo ildren as a group			ı they deem	1
<ul> <li>In the event</li> </ul>	t of an accident	or illness at	nd contac	t with	me bein	a impracticable	e or impossible	Lauthorise th	ne educ	cator-in-	

- charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child. I understand that I may seek payment of any ambulance invoice by the department if my child does not have private ambulance cover.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form, and the Safe transportation of children policy and procedures are available upon request for my inspection at the site.

Signed (parent/caregiver):	Date /	