



AUTHORISATION FOR TRANSPORTATION IN EARLY CHILDHOOD/OSHC SERVICES

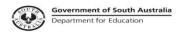
Please use block letters when filling out all yellow sections of this form

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		: C	HILD'S NAME						
		С	HILD'S DOB	DD /	MM / YYYY				
l:	PARENT/	CARE	GIVER NAME						
PARENT/CAREGIVER NAME									
give my cons	ent for the	child	named above to	o:					
_					ts provided belov	v.			
Does your ch	ild have an	v hoal	lth support or r	medicatio	n administration	needs that should be considered for			
transportation		es	No No	neulcatio	ii adiiiiiisti atioii	nieeus triat siloulu be considereu ioi			
-		edica	 ntion agreement	been pro	vided to the servi	ice? Yes No			
	-		_	-		service on completion of this form.			
Any other ma	Any other matters that may impact your child's safe transportation? Yes No								
-		-	the box below.						
Parent/Careg	Parent/Caregiver (in case of emergency)								
NAME									
RELATIONSHIP TO CHILD		LD							
TELEPHONE	=				MOBILE				
Child Medic	Alert Numb	ner (If	applicable):						
				ent vour chile	d participating upless s	pecific medical advice warrants exclusion. The health care			
information you su	upply to the ser	rvice/pre	eschool will be treate	d confidentia	Illy. Such information is	sought in order to protect and assist the child so the activity in health care problems.			
illay be a sale all	u enjoyable exp	Jenence	e. Flease contact the	e site leader i	ii you wisii to discuss a	пу пеашт саге ртолетть.			
Early Childho Transportation			ader to complet	e this sec	tion:				
REASON FO)R	Excursion to Odeon Star Cinema, Semaphore & Princess Elizabeth Playground, Adelaide							
					,	1,0			
METHOD OF TRANSPOR (e.g. bus, taxi)		bus							



Date/dates the child is to be transported:

FOR SINGLE JOURNEY	DATE:	18	07	2024
(can include return trip)				

000111421											
(can include retu	urn trip)										
	ere the ch	ild is t	o be trans	ported i	.e. the	pick-u	p location and				
Journey 1:							Journey 2:	(if relevant)			
FROM LOCATION	Belair Primary School OSHC						FROM LOCATION (destination)	Odeon Star Cinema, Semaphore			
TO LOCATION	Odeon S	nema, Sem	naphore			TO LOCATION (destination)	Princess Elizabeth Playground, 35 South Terrace, Adelaide				
Journey 3:	<u> </u>						Journey 4: (if relevant)			
FROM LOCATION	Princess Elizabeth Playgr 35 South Terrace, Adelaid						FROM LOCATION (destination)				
TO LOCATION	Belair Primary School OSHC			HC			TO LOCATION (destination)				
Journey 1:							Journey 2:	(if relevant)			
JOURNEY START TIME: JOURNEY			' FINISH TIME:		JOURNEY START TIME:		JOURNEY FINISH TIME:				
08:30 am children must be signed in at OSHC by 8.00am		09:40 am			12:15 pm		1.00 pm				
Journey 3:							Journey 4:	(if relevant)			-
JOURNEY START TIME: JOURNEY			' FINISH TIME:		JOURNEY START TIME:		JOURNEY FINISH TIME:				
02:00 pm 02:4		02:40pm	2:40pm			:	: am / pm				
Early Childho	od/OSHC	site l	eader to co	mplete	this se	ection:					
NUMBER OF BE TRANSP		EN LI	KELY TO	50							
NUMBER OF EDUCATOR				7							
EDUCATOR	TO CHIL	D RAT	10	1:10 +	SN						
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		Ye	es 🔀	No	
Agreement:											
 I agree to c 	delegate m	nv auth	ority to sup	ervisina	educat	tors. Su	ich educators m	av take whateve	er disciplinar	v action	thev deen

- I agree to delegate my authority to supervising educators. Such educators may take whatever disciplinary action they deem
 necessary to ensure the safety, well-being and successful conduct of the children as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the educator-incharge 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 /	