



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

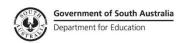
Please use block letters when filling out all yellow sections of this form

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:		HILD'S NAME			
		С	HILD'S DOB	DD /	MM / YYYY	
l:	DADENT/	\DE	GIVER NAME			
••	PARENTA	JAKE	GIVER NAIVIE			
give my cons	ent for the o	child :	named above	to:		
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transportation		y neal	ntn support, o	r medicatio	n administration	needs that should be considered for
•				nt boon neo	vidad ta tha aansi	ice? Yes No
	-		_	-	vided to the servi	service on completion of this form.
ii ivo, picas	e provide a	comp	icted care plai	"////Calcation	agreement to the	service on completion of this form.
Any other me	ttoro that m	av im	moot vour ob	ild'a aafa tu	ononortotion <mark>o V</mark> a	o No C
-		-	ipact your cn he box below.	lia's safe tra	ansportation <mark>? Ye</mark>	s No No
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Parent/Caredi	ver (in case	a of ei	meraencv)			
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NAME  RELATIONSI  TELEPHONE  Child Medic  *Any health care in information you su	HIP TO CHII	LD  per (If vided is vice/pre	applicable): not intended to preschool will be treated	ated confidentia	d participating unless s	pecific medical advice warrants exclusion. The health care sought in order to protect and assist the child so the activity ny health care problems.
NAME  RELATIONSI  TELEPHONE  Child Medic  *Any health care in information you su	HIP TO CHII	LD  per (If vided is vice/pre	applicable): not intended to preschool will be treated	ated confidentia	d participating unless s	sought in order to protect and assist the child so the activity
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## Date/dates the child is to be transported:

FOR SINGLE JOURNEY	DATE:	16	04	2025
(can include return trip)				

Describe whe	ere the child is t	to be trans	ported i.e. the pick-u	up location and o	destination:			
Journey 1:				Journey 2:	if relevant)			
FROM LOCATION	Belair Primary School OSHC			FROM LOCATION (destination)	Inflatable World, Modbury			
TO LOCATION	Inflatable World, Modbury			TO LOCATION (destination)	Civic Park Playground, Modbury			
Journey 3:				Journey 4: (if	f relevant)			
FROM LOCATION	Civic Park Pla	yground, I	Modbury	FROM LOCATION (destination)				
TO LOCATION	Belair Primary School OSHC			TO LOCATION (destination)				
Journey 1:		I		Journey 2: (	if relevant)	1		
JOURNEY S	TART TIME:	JOURNEY	FINISH TIME:	JOURNEY START TIME:		JOURNEY FINISH TIME:		
8:30 am Children must be signed in at OSHC by 8.00am				12: 15 pm		12: 30 pm		
Journey 3:		ı		Journey 4: (i	if relevant)	1		
JOURNEY S	TART TIME:	JOURNEY	FINISH TIME:	JOURNEY START TIME:		JOURNEY FINISH TIME:		
1:45 pm	45 pm 2:45 pm			: am/pm		: am / pm		
Early Childho	ood/OSHC site I	eader to co	omplete this section	:		I		
NUMBER OF	F CHILDREN LI	KELY TO	50					
NUMBER OF SUPERVISING EDUCATORS AND OTHER ADULTS			7					
EDUCATOR TO CHILD RATIO			1:10 + RP & ISS					
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:					•			

- 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 inspe	ection at the site.		
Signed (parent/caregiver):		Date	/