Government of South Australia
Department for Education

Updated: 09/20

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:	PARENT/CAREGIVER NAME	

give my consent for the child named above to:
be transported according to the transport arrangements provided below.

Does your child have any health support, or medication administration needs that should be considered for transportation? **Yes** ☐ **No** ☐

If Yes, has a care plan/medication agreement been provided to the service? **Yes** ☐ **No** ☐

If No, please provide a completed care plan/medication agreement to the service on completion of this form.

Any other matters that may impact your child's safe transportation? Yes ☐ **No** ☐

If Yes, please outline details in the box below.

Parent/Caregiver (in case of emergency)

NAME	
RELATIONSHIP TO CHILD	

TELEPHONE		MOBILE	
Child Medic Alert Number (If applicable):			

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the service/preschool will be treated confidentially. Such information is sought in order to protect and assist the child so the activity may be a safe and enjoyable experience. Please contact the site leader if you wish to discuss any health care problems.

Early Childhood/OSHC site leader to complete this section:
Transportation arrangements:

REASON FOR TRANSPORTATION	**Excursion to Bounce, Marleston & Mortlock Park Playground, Colonel Light Gardens**
METHOD OF TRANSPORTATION (e.g. bus, taxi)	bus

*This form complies with the Education and Care Services National Regulations – Written Authorisation

Date/dates the child is to be transported:

FOR SINGLE JOURNEY (can include return trip)	DATE:	**16**	**12**	**2026**

Describe where the child is to be transported i.e. the pick-up location and destination:

Journey 1:

FROM LOCATION	**Belair Primary School OSHC**
TO LOCATION	**Bounce, Marleston**

Journey 2: (if relevant)

FROM LOCATION (destination)	**Bounce, Marleston**
TO LOCATION (destination)	**Mortlock Park Playground, Colonel Light Gardens**

Journey 3:

FROM LOCATION	**Mortlock Park Playground, Colonel Light Gardens**
TO LOCATION	**Belair Primary School OSHC**

Journey 4: (if relevant)

FROM LOCATION (destination)	
TO LOCATION (destination)	

Journey 1:

JOURNEY START TIME: 10:00am Children must be signed in at OSHC by 9.**30am**	JOURNEY FINISH TIME: 10:40 am

Journey 2: (if relevant)

JOURNEY START TIME: 12: 15 pm	JOURNEY FINISH TIME: 12: 40 am

Journey 3:

JOURNEY START TIME: 2:00 pm	JOURNEY FINISH TIME: 2:30 pm

Journey 4: (if relevant)

JOURNEY START TIME: : am / pm	JOURNEY FINISH TIME: : am / pm

Early Childhood/OSHC site leader to complete this section:

NUMBER OF CHILDREN LIKELY TO BE TRANSPORTED	**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:** **Yes** ☒ **No** ☐	**If yes, is this requirement being met in the means of transport to be used:** **Yes** ☒ **No** ☐

Agreement:

- 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-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 / /

*This form complies with the Education and Care Services National Regulations – Written Authorisation