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Authorisation for Regular Transportation (School, Kindy and children's homes)

Regulations 102 require written permission to be obtained prior to all transportation
Regular transportation means the transportation by the service other than as part of an excursion where circumstances relevant to the risk assessment are the same for each occasion on which the child is transported e.g. school

Child's Full Name: _____

Reason for Transportation: _____

Address of pickup location: _____

Description of pickup location: _____

Address of destination : _____

Description of destination : _____

For regular transportation, a description of when the child will be transported: _____

Date of transportation (if not regular): _____

Leave Service at: _____ Return by: _____

Total time away from service: _____ Total estimated travel time each way: _____

Educator in charge: _____ Qualification: _____

Phone number for contacting Educator on the excursion: _____

Other

Educators/Assistants/volunteers: _____

Total Number of Children: _____ Total Number of Adults: _____ Educator: Child Ratio: _____

Contingency plan:

In the event of weather preventing safe pick up /drop off the following will occur.

Requirements for safety restraints and seatbelts:

Child safety restraints are used as well as seatbelts for older children

Make and model of restraint to be used: _____

Method of transport being used (please include vehicle registration and restraints if applicable):

Educators Vehicle _____ Registration Number: _____

Public Transport Method _____

Walking

(Please fill in safe transportation log every time you transport children in educator vehicle or when using public transportation).

Requirements carried by staff: first aid kit contact details mobile phone

medication permission forms sunscreen

waterless handwash medication plans

Parent/ Guardians to Complete:

I _____, (parent/guardians name) give permission for my child, _____, to be transported by (Educator): _____

I understand that a risk assessment has been prepared and is available at the Service.

Name of parent/guardian:

Signature of parent/guardian: _____ Date: ____/____/____

PLAN & REVIEW: Regular transportation needs to be discussed with parents prior. A copy of this form needs to be sent to my coordinator annually or when a change occurs. Due to the flexible nature of FDC on occasions the time or outing may change – these changes must be within the scope of the above mentioned. Parents will be notified prior to leaving residence; SMS giving permission is allowed. Please fill in safe transportation log every time you transport children in educator vehicle or when using public transportation. Transportation not noted on this form will be documented on an excursion form. Educators are required to keep a copy of all forms in a confidential place until the end of 3 years after the last date on which the child was educated and cared for by the service (reg 183)