Guidance for Transportation permission form

Transportation Permission Form (for transportation only – not as part of an excursion)

**Pease note: *This form is to be used if you transport children on a regular basis in circumstances that are not part of an excursion.*** For example if you only transport a child to school, kindy, child care or home, use this form for the child being transported to that destination.

***If a child is being transported as part of an excursion, either a routine or non-routine excursion permission form should be completed***. For example, if a young child travels with you to school to take a school age child to school and then goes on a routine excursion to playgroup, you will only need to complete the routine excursion permission form. This routine permission form will outline the route that you will be taking on that outing and will include the school drop off prior to the excursion.

All sections of the Transportation Permission Form **must** be completed for **each** transportation route.

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| **EDUCATOR TO COMPLETE - Transportation Arrangements** |
| **Name of child/ren** | **Date of birth:** |
| Enter the name of the individual child or siblings if appropriate (both travel the same journey/route) |  |
| **Reason for transportation** | Why you are attending/travelling outside of your service eg drop off and picking up from school |
| **Date the child/ren are to be transported – single journey** | Use this section to enter a date only if you are transporting children as part of a single journey. If you provide regular transportation complete the agreement commences and agreement ends dates below and keep this blank. In most circumstances, educators will have a 12 month agreement in place and enter the details below. |

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| **Dates the child/ren are to be transported if regular transportation** | **Agreement commences** | Enter the date the transportation agreement begins |
| **Agreement ends** | Enter the date the transportation agreement finishes. This agreement can only be in place for a maximum of 12 months. If there are changes to the circumstances of the routine excursion within the time of this agreement, you must complete a new authorisation. |

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| **Day/s required for regular transport** | **Monday** | **Tuesday** |  **Wednesday** |  |
| **Thursday** | **Friday** |  **Saturday** |  **Sunday** |
| **Description of transportation details per day:*** **start time and finish time/period of time child is to be transported**
* **pick up location/starting point**
* **destinations**
* **Proposed routes**
 | **Monday** | **Monday** |
| If transporting on Monday | If transporting a second time on |
| am/school drop off, enter details | Monday eg pm/school pick up |
| here | enter details as described in blue |
| Name of school/preschool or | box here |
| location and address |  |
| Time period when this travel |  |
| usually occurs (eg starts between |  |
| 8.20 am to 8.45am when you |  |
| leave your home |  |
| Finshes between 8.45 -9.10am) |  |
| when you arrive at school. |  |
| Note for a child/children who may |  |
| accompany you on the |  |
| transporation only while dropping |  |
| another child at school, the finish |  |
| time will be when you arrive back |  |
| at your home. |  |
| **Tuesday** | **Tuesday** |
| Complete for each day of the week |  |
| that the child is transported in the |  |
| same way |  |
| **Wednesday** | **Wednesday** |
| **Thursday** | **Thursday** |
| **Friday** | **Friday** |
| **Saturday** | **Saturday** |
| **Sunday** | **Sunday** |

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| **The method and details of transport to be used** | Describe the type of transport to be used eg car, walk, bus, ride bike, pram, train etc.If not traveling in your vehicle provide information on how you will safely transport the child/ren, eg holding hands, bike helmets, pramPublic transport should include how they are seated and supervised while waiting and travelingFurther details for managing the group should be in your risk assessment |
| **Details of the requirements for seat belts and safety restraints to be met****Include the type of child restraint and if the parent will providing the restraint** | If the child could be seated in a number of different car restraints you will need to list the details for each car restraint to be used which includes:Make and model of car restraint Age rangeForward or rear facingDate of manufacture and/or expiry date Meets AZ/NZS 1754If a parent is providing their child’s own car restraint the above information should be documented here. |
| **Anticipated number of children to be transported** | Consider the number of children you are able to take to this destination, taking into account:Number of car restraints Service restrictionsSupervision safety and policy requirements for the destination |
| **Name of adults who will accompany and/or be supervising the children during transportation** | If you use another adult who attends occasionally list them here and inform parents when they are attendingIf you have an educator assistant who attends, include their details here. |
| **Will the educator assistant be transporting the child/ren in the absence of the educator?** | þÿþÿ | **Educator assistant’s name and contact details**Add details of the Educator assistant if they transport this child as part of the educator assistant role. |

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| A risk assessment for the transportation has been prepared and sighted by parent/authorised person. Written policy and procedures are available for parent/authorised person to view. |
| **Educator name** | Enter Educator details here and sign/date in boxes below |
| **Educator signature** |  |
| **Date** |  |
| **Scheme** | select scheme |

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| **PARENT or AUTHORISED PERSON TO COMPLETE**I give my consent for my child/ren to be transported or have a regular transport arrangements according to the details above.I have sighted the risk assessment for this transportation |
| **Parent/authorised person name** |  |
| **Parent/authorised person signature** | Parent enters this information, reads the risk assessment and signs/dates if they agree to the educator transporting their child/ren |
| **Date** |  |
| **Contact phone number** |  |
| In the case of an emergency, this person will be available if I am unable to be contacted |
| **Name** | MUST BE COMPLETEDNote: Please check if this emergency contact is new or needs to be added/updated on other authorisation forms |
| **Relationship to child** |  |
| **Contact phone number** |  |