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

##### 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 educator 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 educator or arranged by the educator (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 or when any of the circumstances of the transportation may have changed.

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

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| **EDUCATOR TO COMPLETE - Transportation Arrangements** |

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| --- | --- |
| **Name of child/ren** | **Date of birth:** |
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| --- | --- | --- | --- | --- |
| **Reason for transportation** |  | | | |
| **Date the child/ren are to be transported – single journey** |  | | | |
| **Dates the child/ren are to be transported if regular transportation** | **Agreement commences** | |  | |
| **Agreement ends** | |  | |
| **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** |
| **Tuesday** | | **Tuesday** |
| **Wednesday** | | **Wednesday** |
| **Thursday** | | **Thursday** |
| **Friday** | | **Friday** |
| **Saturday** | | **Saturday** |
| **Sunday** | | **Sunday** |
| **The method and details of transport to be used** |  | | |
| **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** |  | | |
| **Anticipated number of children to be transported** |  | | |
| **Name of adults who will accompany and/or be supervising the children during transportation** |  | | |
| **Will the educator assistant be transporting the child/ren in the absence of the educator?** | yes no | **Educator assistant’s name and contact details** | |

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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** |  |
| **Educator signature** |  |
| **Date** |  |
| **Scheme** |  |

|  |  |
| --- | --- |
| **PARENT/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 | yes no |

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| --- | --- |
| **Parent/authorised person name** |  |
| **Parent/authorised person signature** |  |
| **Date** |  |
| **Contact phone number** |  |
| In the case of an emergency, this person will be available if I am unable to be contacted | |
| **Name** |  |
| **Relationship to child** |  |
| **Contact phone number** |  |