



ARMIDALE & DISTRICT FAMILY DAY CARE AUTHORISATION FOR NON-REGULAR EXCURSIONS & EXCURSION TRANSPORT

I, (Parent/Guardian) _____ authorise (Educator) _____

To take my Child/Children (names) _____ to the destinations listed below.

PROPOSED DESTINATION (Please include exact address)	PURPOSE OF EXCURSION	METHOD OF TRANSPORT	PROPOSED ACTIVITES	LENGTH OF EXCURSION	MAXIMUM NUMBER OF CHILDREN	ADULT TO CHILD RATIO	PARENT SIGNATURE	DATE SIGNED

- I am aware that a risk assessment has been prepared and available on request.
- I authorise mt child to be transported in age appropriate child restraint/seatbelt.
- I authorise my child to be taken on the above regular excursion on any day that my child attends care.
- I am aware that the service has written policies and procedures for transporting children and are available on request.

I also give permission for my child/ren to travel in my educator's motor vehicle/AFDC's Bus registered number _____ during Family Day Care Hours.

Signed: _____

Date: _____