



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 AND WHEN THIS WILL OCCUR, E.g., time and date. (Please include exact address)	PURPOSE OF EXCURSION	METHOD OF TRANSPORT	PROPOSED ACTIVITIES	LENGTH OF EXCURSION	MAXIMUM NUMBER OF CHILDREN	ADULT TO CHILD RATIO	ANTICIPATED NUMBER OF ADULTS who will accompany and supervise.	PARENT SIGNATURE & DATE SIGNED

- I am aware that a risk assessment has been prepared and available on request.
- I authorise my 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: _____