

Safe Arrival of Children – Authorisation and Agreement Form		
Reason for authorisation:	Regular Transportation	☐ Non-regular Transportation
Child's full name:	·	·
Date of Birth:		
Reason for child to travel (e.g. from school to ECEC service) :		
Dates and days of travel (e.g. Term 1 2024, Monday, Wednesday):		
Times of travel (e.g, 8:30am, 3:10pm):		
Proposed drop off/ location (e.g. bus stop location, school):		
Proposed pick up location (e.g. school, bus stop):		
Destination (e.g. school, ECEC service):		
Means of travel (e.g. bus, car, walking):		
Expected length of travel:		
Expected length of unaccompanied travel time:		
Area of unaccompanied travel (e.g. from Ben Venue School to Bus stop near educators house):		
Anticipated number of children travelling (e.g. siblings):		
Details of medical conditions and any self medication requirements (e.g. asthma, asthma plan, inhaler):		
Other information AFDC should know:		



I have read, understand, and completed the required information about the Safe Arrival of Children in regard to travelling between Education, and Education and Care Services.
I give authorisation for my child,, to travel accompanied between an education and care service, and any other education or education and care service.
I take full responsibility for the safety of, and give authorisation for, my child,
I acknowledge that a Safe Arrival of Children risk assessment has been prepared and is available at the education and care service for me to view.
I confirm that I will contact my child's educator if my child is absent from school or an ECEC service.
I confirm I will provide the school, education or ECEC service with my child's educators contact details.
☐ I acknowledge that written policies and procedures for Safe Arrival of Children are available at the education and care service for me to view.
Parent/ Guardian name:
Parent/ Guardian signature:
Date: