I, (Parent/Guardian) authorise (Educator)

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

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| **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** |
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* *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: