



# Armidale Family Day Care

## Authorisation for Transport of Children

*This Authorisation must be completed by all families in accordance with National Education and Care Regulation 41i), 102 ( B, C & D) & 168 (2).*

**Warning:** You need to read this Authorisation form carefully and think about its contents. If there is something that you do not understand it is recommended that you seek independent advice.

**Please complete an Authorisation Form for each child being transported.**

**Child's Name:** \_\_\_\_\_

I herein give permission for my child \_\_\_\_\_ who attends Armidale Family Day Care to travel in their Educator's private vehicle from: \_\_\_\_\_  
They will then arrive at \_\_\_\_\_ where they will be leave the presence of the Educator to attend \_\_\_\_\_  
( please change this to suit the details of transportation to and from different destinations)

Drop Off	
Purpose	To travel from _____ family Day Care Service and Arrive at _____
Means of Transport	Educator's private vehicle / walking with Educator
Period of Travel	Approx
Anticipated Number of Children	
Educator to Child Ratio	
Child Restraint Requirements	

- I understand that a Transportation Risk Assessment has been prepared, identifying the risks that transportation may pose to the health and well-being of my child, and specifying how the identified risks will be managed and minimised;
- I have read this Risk Assessment prior to completing this Authorisation for Transport and I have understood the Procedures for Risk Minimisation it contains.
- I understand that my child will travel under the supervision of \_\_\_\_\_
- I understand that I am required to provide this Authorisation Form every twelve months.

**Signature of Parent or Guardian:**.....

**Date:** .....