

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: