



# SPECIAL TRAVEL PERMISSION FORM

KATH DICKSON FAMILY DAY CARE  
METROPOLITAN AND EAST COAST SERVICES | 1300 336 345

## THIS FORM MUST BE RETURNED TO CO-ORDINATION UNIT

My child \_\_\_\_\_ will regularly travel from school / or the  
Educators \_\_\_\_\_ home \_\_\_\_\_ to  
\_\_\_\_\_

Mode of transport \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that my child will wear a helmet if travelling by bicycle.

I agree to notify the Educator of any changes in routine to that specified here.

Further particulars e.g. days this form applies to:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This agreement is for the period \_\_\_\_\_ from \_\_\_\_\_  
To \_\_\_\_\_

Parents name \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Educator Name : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Educators Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This information will be used solely for the purpose of administering Kath Dickson Family Day Care and will be treated with strict confidentiality.