

## TRANSPORT AUTHORISATION

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

Educator Name			
Date completed			
Reason for transport			
Regular or Irregular transport		☐ Regular ☐ Irregular	
For regular transportation day of the week		☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	
A separate authorisation for each day of the week is		☐ Saturday ☐ Sunday	
required			
Date for Irregular transportation			
Destination and address			
Estimated departure time to the destination:		Estimated arrival time:	
Estimated departure time to the destination.		Estimated arrival time.	
Estimated departure time from the destination:		Estimated arrival time:	
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Means of transport			
T. I. C. I. C. I.			
Total number of children involved in transport			
Have requirements for seatbelts or child restraints		☐ Yes ☐ No	
been met for each child?			
The number of educators / responsible adults, who will			
be accompanying and supervising children during transportation			
CHILDREN ATTENDING			
CHILDS NAME	CHILD RESTRAINT USED	NAME OF PARENT	PARENT SIGNATURE
A rick assessment has been prepared and is available at the service upon request			
A risk assessment has been prepared and is available at the service upon request			
Written policies and procedures for transporting children are available at the service upon request			
If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12 month			
period.			