

AUTHORISATION FOR REGULAR TRANSPORTATION							
CHILD'S NAME							
DESCRIPTION TRANSPORT REASON							
Day	Reason for transportation	Pick up location and Destination	Approximate time and duration of transportation	Method of transport	Requirements for seat belts or safety restraints	No. of children	Supervising staff, educators or other adults
MON	School drop off	Service to School	8-00 to 8.45am	<input type="checkbox"/> Car <input type="checkbox"/> bus <input type="checkbox"/> Walk			
TUES							
WED							
THUR							
FRI							
MON	Transfer from school to service	School to Service	2.30-3.20pm	<input type="checkbox"/> Car <input type="checkbox"/> bus <input type="checkbox"/> Walk			
TUES							
WED							
THUR							
FRI							
MON	Transfer from home to service	Home to service	6.30 – 8.00am	<input type="checkbox"/> Car <input type="checkbox"/> bus <input type="checkbox"/> walk			
TUES							
WED							
THUR							
FRI							
MON	Transfer from service to home	Service to home	3.30 – 6.30pm	<input type="checkbox"/> Car <input type="checkbox"/> bus <input type="checkbox"/> walk			
TUES							
WED							
THUR							
FRI							
MON	Transfer from home to school	Home to school	8.00 – 8.30am	<input type="checkbox"/> Car <input type="checkbox"/> bus <input type="checkbox"/> walk			
TUES							
WED							
THUR							
FRI							

Day	Reason for transportation	Pick up location and Destination	Approximate time and duration of transportation	Method of transport	Requirements for seat belts or safety restraints	No. of children	Supervising staff, educators or other adults
<input type="checkbox"/> MON	Transfer from school to home	School to home	3.00 – 4.00pm	<input type="checkbox"/> Car <input type="checkbox"/> bus <input type="checkbox"/> walk			
<input type="checkbox"/> TUES							
<input type="checkbox"/> WED							
<input type="checkbox"/> THUR							
<input type="checkbox"/> FRI							
Any medical or medication requirements for child/ren. Yes/No:							
Parent/Guardian: I hereby give my consent for Kiddo's OSHC WA PTY LTD to provide regular transportation as detailed above for 12 months, effective from the date of this authorisation. In an emergency, I authorise the Service to seek necessary medical assistance from a medical practitioner or hospital including transportation by ambulance if required.							
Parent/Guardian		Name	Signature	Date			
Contact phone number		Mobile	Home	Work			
The approved provider must ensure the service has policies and procedures for transportation (regulation 168(2)(ga)) including: • procedures that address requirements for risk assessments (regulations 102B and 102C) and • written authorisations and risk assessments have been prepared and is available at the education and care service as per regulation 102D(1) of the Education and Care Services National regulations 2012. (National Regulations) and That written policies and procedures for transporting children are available at the education and care service as per regulation 102 (