

Transportation of Child Authorisation Form

I, _____ (Parent/Guardian Name) give authorisation for my child _____ (Child's Full Name) to be transported by _____ (Service Name).

Child Name		Date of Transport	<N/A for Regular Transport>	
Reason for Transport	<e.g. walking children from service to school>	Method of Transport	<walking, bus, train>	
Proposed Pick Up Location		Proposed Drop Off Location		
Estimated Time of Departure		Estimated Time of Arrival		
Estimated Duration of Travel:		Any Requirements for Seatbelts?	<include comment on whether requirements have been met>	
Anticipated Number of Children being Transported		Anticipated Number of Staff & Adults Attending and Supervising		
Staff to Child Ratio		Risk Assessment Completed	<date risk assessment was approved>	
For Regular Transport, please fill out the below section and check all applicable days/ sessions:				
Start Date		End Date		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MP <input type="checkbox"/>	MP <input type="checkbox"/>	MP <input type="checkbox"/>	MP <input type="checkbox"/>	MP <input type="checkbox"/>
AP <input type="checkbox"/>	AP <input type="checkbox"/>	AP <input type="checkbox"/>	AP <input type="checkbox"/>	AP <input type="checkbox"/>

By signing this form, I confirm I have read and agree to the following:

- I have read and understood the associated Transport Risk Assessment.
- I understand that at any time I may request to see the Service policies and procedures in relation to the transportation of my child.
- I give permission for my child to be transported by the Service and its staff members for the purposes set out in the above table.
- I understand that should the transportation be regular, I am not required to provide a new authorisation form each time.
- I have discussed the methods of departure and arrival for the transportation and understand that where required, safety restraints will be used.
- I understand that any changes I have regarding the transportation of my child, including changes to authorisations, days of transportation or absences must be communicated to the Service immediately.

Parent/Guardian Name			
Parent/Guardian Contact Number			
Signature		Date	