



TRANSPORTATION AUTHORISATION

Educator Name:	Method of Transport:	Duration of Transport:
Full Name of Child:		
Reason for Transport:		
Is this Regular Transport?	If yes, description of when the child is to be transported:	
	If no, date of Transport:	
Anticipated number of educators to participate:	Anticipated number of children likely to be transported:	Number of other adults to accompany and supervise children:
Description of Pick-up Location:		
1.		
2.		
Description of Destination:		
1.		
2.		
<p>I understand that a Risk Assessment has been prepared and is available at the service. I understand that my child/children will be provided with an age appropriate child restraint. I understand that written policies and procedures for transporting children are available on the MFDC Website.</p> <p>I authorise my child/children to participate in this excursion.</p> <p>Parent Name:</p> <p>Parent Signature:</p> <p>Date:</p>		