



AUTHORISATION FOR REGULAR TRANSPORTATION

CHILD NAME						CHILD D.O.B __ / __ / __		
DESCRIPTION		Transportation in Bus to and from SLOOSH KIDSCARE at 62 Cabramatta Avenue Miller for Before School and After School Care School Care to and from Cartwright Public School. Transportation supplied by SLOOSH KIDSCARE INC.						
	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	School Drop Off 	Transportation Service from SLOOSH KIDSCARE INC – 62 Cabramatta Avenue Miller NSW 2168 to: Cartwright Public School – 157 Willan Drive Cartwright NSW 2168.	8.30am to 8.55am	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Minibus <input type="checkbox"/> Walk	<input type="checkbox"/> Seat Belt <input type="checkbox"/> Booster Seat	Up to 11 Ratio: 1:8/ 2:9+	Frank Costa 0459 756 674. Ruth Costa 0488 041 011. Monique Yousef 0490343409 Amylee Costa 048041372 Bellinda Mangos 0418968471
<input type="checkbox"/>	TUES							
<input type="checkbox"/>	WED							
<input type="checkbox"/>	THUR							
<input type="checkbox"/>	FRI							
<input type="checkbox"/>	MON	School Pick-Up 	Transportation Service from Cartwright Public School – 157 Willan Drive Cartwright NSW 2168 SLOOSH KIDSCARE - 62 Cabramatta Avenue Miller NSW 2168.	3.00pm to 3.30pm	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Minibus <input type="checkbox"/> Walk	<input type="checkbox"/> Seat Belt <input type="checkbox"/> Booster Seat	Up to 13 Plus 1 Educator. Ratio: 1:8 /2:9+	Krist Hart 0422071950 Sareth Sang 0410269947 Tiana Yousef 0490338824 Amara Halwa 0402997299
<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: If yes, a Medical Management Plan is to be completed. Medication to be carried on bus ☐ Yes/ ☐ No:

Parent/Guardian:
 I hereby give my consent for SLOOSH KIDSCARE INC 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	

Education and Care National Regulations 2011- Regulations 102B requires a transport risk assessment to be conducted before our service transports any child. Regulation 102D requires our service to receive written authorisation to transport children. Our service has completed a risk assessment to identify and assess any risks that the transportation of a child may pose to the safety, health, and wellbeing of the child. This has been authorised by the Approved Provider and is available to sight at our service. Policies and procedures for transporting children are also available to view.

Regular transportation means the transportation by the service or arranged by the service of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported. An authorisation is only required once in a 12-month period.

