



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 Heckenberg 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	<b>School Drop Off</b> 	Transportation Service from SLOOSH KIDSCARE INC – 62 Cabramatta Avenue Miller NSW 2168 to: Heckenberg Public School - 1 Jindabyne Street Heckenberg NSW 2168.	<b>8.30am to 8.45am</b>	<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+	Frank Costa 0459 756 674. Ruth Costa 0488 041 011. Monique Yousef 0490343409 Amylee Costa 048041372 Bellinda Mangos 0418968471 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							
<input type="checkbox"/> MON	<b>School Pick-Up</b> 	Transportation Service from 1 Jindabyne Street Heckenberg NSW 2168 to: SLOOSH KIDSCARE - 62 Cabramatta Avenue Miller NSW 2168.	<b>3.00pm to 3.15pm.</b>	<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+	
<input type="checkbox"/> TUES							
<input type="checkbox"/> WED							
<input type="checkbox"/> THUR							
<input type="checkbox"/> FRI							
<b>Any medical or medication requirements for child/ren.</b> <input type="checkbox"/> Yes/ <input type="checkbox"/> No:   If yes, a Medical Management Plan is to be completed.   Medication to be carried on bus <input type="checkbox"/> Yes/ <input type="checkbox"/> No:							
<b>Parent/Guardian:</b> 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		
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. <b>Regular transportation</b> 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.							