**Authorisation – Regular Transportation**

Dear Parent/Guardian,

We have organised regular transportation your child as outlined below. Regular transportation is transportation where the circumstances are substantially the same on each occasion. If you’re happy for your child to be transported as described, please complete the authorisation below.

**Reason child is to be transported**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**When your child will be transported**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Description of proposed pick-up location and destination**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Means of transport to and from venue and any legal requirements for seatbelts or safety restraints**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Period of time your child will be transported**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Anticipated Number of Children Being Transported**  \_\_\_\_\_\_\_\_\_\_

**Anticipated Number of Staff Attending and Supervising** \_\_\_\_\_\_\_\_\_\_

**Anticipated Number of Extra Adults Attending and Supervising** \_\_\_\_\_\_\_\_\_\_

**Please complete this section and return by <insert date>**

**Child’s Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Your full name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Relationship to Child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Current Emergency Contact Number** \_\_\_\_\_\_\_\_\_\_  **By signing this Authorisation I agree to and understand the following –**

* My child has permission to be transported as described above for 12 months from the date this authorisation is signed unless I withdraw my consent in writing which I may do at any time
* I am listed on the child’s Enrolment Form as a parent/guardian or an authorised person named on the enrolment form
* I have read all the transportation details and understand I can view the Transport Risk Assessment and Transport Policies and Procedures at the service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Name (please print) Date