

Child Travel Consent Form

The Parent(s)/Guardians Full Names:			
Parent Contact Details: Phone Address			
Centre Contact Details: Phone Address			
Child's Name:		D.O.B:	

I/We the undersigned hereby give permission for an Educator of the Clermont Kindergarten and Day Care who holds a current Queensland Drivers Licence to transport my child _____ to and from the Clermont Kindergarten and Day Care Centre (6 Beatty Street, Clermont) to and from St Josephs Primary School (Box Street Clermont) and Clermont State Primary School (Hetherington Street, Clermont) or any other address on the dates my child is enrolled in care at the service unless otherwise advised by myself the legal guardian.

I acknowledge that this bus service is offered as an additional service to the care provided to my child (OSHC, transport is part of the service offered to families). In some instances this service may not be available (If the Bus requires repairs, there are insufficient qualified staff to drive the bus). However, I understand that I will be contacted in reasonable time to make alternative arrangements if an unavoidable situation occurs and the bus cannot complete its usual route.

I have read and understand the Risk Assessment and Transport Policy of this service (see attached Risk Assessment, travel maps and Transport Policy)

I acknowledge that my child _____ attending the OSHC program will be signed into the care of the office staff of the (name of School) _____ no earlier than 8:00am.

Parent Signature: (Please print and sign)	Date: