

SAFE TRAVEL AGREEMENT FORM

CHILD NAME	
CHILD DATE OF BIRTH	
PARENT NAME	
PARENT CONTACT DETAILS	

OSHC SERVICE NAME	
ADDRESS OF OSHC SERVICE	
CONTACT DETAILS	

EDUCATIONAL FACILITY	
CONTACT DETAILS	
REPRESENTATION NAME	

DETAILS OF TRAVEL			
IS THE TRAVEL A REGULAR OCCURANCE OR ONE-OFF: <input type="checkbox"/> REGULAR <input type="checkbox"/> ONE-OFF			
DAY/ DATE OF TRAVEL			
TRAVEL FROM		TIME CHILD WILL LEAVE	
DESTINATION		EXPECTED ARRIVAL TIME	
METHOD OF TRAVEL	E.g. walking/bus		
DETAILS OF PERSON/S ACCOMPANY CHILD			
INDIVIDUAL CONSIDERATIONS	Provide considerations to age/development/individual needs		
INCLEMENT WEATHER DETAILS	Provide consideration if raining/extreme heat		

ADDITIONAL COMMENTS/INSTRUCTIONS			

I agree to contact the service as soon as possible to advise of any changes to routine, activity or attendance; including if my child will not be travelling to or from the educational facility.			
PARENT/GUARDIAN NAME		DATE	
SIGNATURE			

I understand the OSHC service staff will follow the <i>Safe Arrive of Children Policy</i> in the event my child does not arrive at the predetermined time. Including contacting parents, emergency nominees or emergency services/police if the child’s location is unknown.			
PARENT/GUARDIAN NAME		DATE	
SIGNATURE			

I understand this agreement is made in accordance with the <i>Safe Arrival of Children Policy and Delivery of Children to, and collection from Education and Care Service Premises Policy</i> .			
Any alterations or cancellations made to this agreement must be made in writing as soon as possible to ensure changes are communicated to all parties.			
PARENT/GUARDIAN NAME		DATE	
SIGNATURE			