



Newton Family Day Care

Approved Service ABN: 54601033756

Service Approval ID: SE-40004907

CCS Approval ID: 190007148B

Email: newtonfdc@gmail.com

Routine Permission Form

I _____ (parent/guardian) give permission to my child's
Educator (name) _____, to take my child/children
(name/s) _____,
on the following routine excursions.

Local Schools

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pickup Location: _____

Destination: _____

The reason the child is to be transported _____

Drop off time: _____ Pick up time: _____ Period of time which child is to be transported _____

The number of children involved in the excursion: _____

Number of staff members supervising the children during the transportation: _____

Requirements for seatbelts or safety restraints in NSW have been met. Yes / No

Means of Transport: ☐ Walk ☐ Car ☐ Bus

Local Parks

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

This outing is subject to weather conditions. Please refer to my daily program to verify days and times of outing.

Pickup Location: _____

Destination: _____

The reason the child is to be transported _____

Drop off time: _____ Pick up time: _____ Period of time which child is to be transported _____

The number of children involved in the excursion: _____

Number of staff members supervising the children during the transportation: _____

Requirements for seatbelts or safety restraints in NSW have been met. Yes / No

Means of Transport: ☐ Walk ☐ Car ☐ Bus

Local Shopping Centre

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pickup Location: _____

Destination: _____

The reason the child is to be transported _____

Drop off time: _____ Pick up time: _____ Period of time which child is to be transported _____

The number of children involved in the excursion: _____

Number of staff members supervising the children during the transportation: _____

Requirements for seatbelts or safety restraints in NSW have been met. Yes / No

Means of Transport: ☐ Walk ☐ Car ☐ Bus

Local Library

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pickup Location: _____

Destination: _____

The reason the child is to be transported _____

Drop off time: _____ Pick up time: _____ Period of time which child is to be transported _____

The number of children involved in the excursion: _____

Number of staff members supervising the children during the transportation: _____

Requirements for seatbelts or safety restraints in NSW have been met. Yes / No

Means of Transport: ☐ Walk ☐ Car ☐ Bus

Play Session

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pickup Location: _____

Destination: _____

The reason the child is to be transported _____

Drop off time: _____ Pick up time: _____ Period of time which child is to be transported _____

The number of children involved in the excursion: _____

Number of staff members supervising the children during the transportation: _____

Requirements for seatbelts or safety restraints in NSW have been met. Yes / No

Means of Transport: ☐ Walk ☐ Car ☐ Bus

Other

Days attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Pickup Location: _____

Destination: _____

The reason the child is to be transported _____

Drop off time: _____ Pick up time: _____ Period of time which child is to be transported _____

The number of children involved in the excursion: _____

Number of staff members supervising the children during the transportation: _____

Requirements for seatbelts or safety restraints in NSW have been met. Yes / No

Means of Transport: ☐ Walk ☐ Car ☐ Bus

NOTE:

Under No circumstances are routine or non-routine excursions to occur near or where there is any mass of water. This includes but is not limited to; the beach, pools, lakes, river etc. Trains are also not to be used as a mode of transport.

Parent/Guardian Signature: _____

Educator Signature: _____

This form must be returned to Newton Family Day Care along with completed risk management plans *PRIOR* to attending any routine excursions.

This consent is valid from: ____/____/20____ to ____/____/20____

(MUST BE REVIEWED EVERY 12 MONTHS)