

SAFE TRAVEL AGREEMENT FORM

Please complete both sides

Children arriving at OSHC (Before School, Holiday Care or Student Free Day) unaccompanied by parent or authorised person

OR

children departing OSHC (Before School, Holiday Care or Student Free Day) unaccompanied by parent or authorised person

CHILD NAME	
CHILD DATE OF BIRTH	
PARENT NAME	
PARENT CONTACT DETAILS	

OSHC SERVICE NAME	FLAGSTAFF HILL PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE
ADDRESS OF OSHC SERVICE	145 BLACK ROAD, FLAGSTAFF HILL SA 5159
CONTACT DETAILS	08 8358 6666 flagstaff.oshc49@schools.sa.edu.au

Dates of Occurrence (or circle terms)	Specific dates: Term 1; Term 2; Term 3; Term 4				
	MON	TUE	WED	THURS	FRI
Times	ARRIVE OSHC	am/pm	LEAVE OSHC	am/pm	

METHOD OF TRAVEL	Please state, ie walking, bus, riding bike
INCLEMENT WEATHER DETAILS	Provide consideration if raining/extreme heat

Please complete and sign page 2

ADDITIONAL COMMENTS/INSTRUCTIONS

CONSENT (parent/guardian to read and sign)			
<p>I authorise for my child to arrive at OSHC/depart OSHC unaccompanied by parent or authorised person. I understand that an OSHC educator will sign my children in on arrival and out at the time of authorised departure.</p> <p>I agree that any alterations or cancellations made to this agreement must be made in writing immediately.</p> <p>I understand this agreement is made in accordance with the <i>Safe Arrival of Children Policy</i> and <i>Delivery of Children to, and collection from Education and Care Service Premises Policy</i>.</p>			
PARENT/GUARDIAN NAME		DATE	
SIGNATURE			
OSHC EDUCATOR NAME		DATE	
SIGNATURE			