



## OUR VILLAGE FAMILY CHILDCARE ALTERNATE DRIVER PERMISSION

### TRANSPORTING FAMILY DAY CARE CHILDREN

Educator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Approved driver details (adult member of educator's family):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to educator: \_\_\_\_\_

Licence Number: \_\_\_\_\_ State: \_\_\_\_\_ (e.g. Victoria)

### Parent Permission:

I understand that my child/ren may be transported on a routing outing in a vehicle nominated by the educator that has been checked by coordination unit staff and is listed on the annual home safety / vehicle checklist. I also understand that on some occasions the driver of the vehicle will be \_\_\_\_\_ (drivers name) and the FDC educator will be supervising the outing at all times.

I \_\_\_\_\_ (parent/guardian name) give permission for my child/ren \_\_\_\_\_ (names)

to be transported by the designated driver as named above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FDC Manager or Coordinator Name: \_\_\_\_\_



**FDC    Manager    or    Coordinator    Signature:** \_\_\_\_\_ **Date:**  
\_\_\_\_\_