

BUSFOX PTY LTD

ABN: 90 078 172 460

P.O BOX 5276 MACKAY MAIL CENTRE QLD 4741

PH: 1800809734 FAX: 07 4956 1511

EMAIL: busfox@bigpond.com.au WEBSITE: www.busfox.com.au

AUTHORISATION OF CHANGE/USE OF BUS STOP

Date:

Name of parent/guardian:

I,being the legal parent/guardian of.....
in year..... hereby authorise the driver.....(name of driver)
of bus route to let the aforementioned

child/children disembark at bus stopon the (date)
I understand that the responsibility for the safety of the child/children after disembarkation rests with me and I will indemnify and keep indemnified the driver and Busfox Pty Ltd from any claims arising out of this process.

Signed: **Name:**

Residential address:.....

Phone number:.....

e-mail:.....

Date:

Name of driver who received this form:

Date received:

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