# (Name of youth group) OFF-SITE EVENT or TRAVEL PERMISSION FORM

Please complete one for each child.

Dear Parents and Carers,

Insert information about the event or the reason for travel, including the **date, location,** **drop off and pick up arrangements** and **any other relevant information** to allow parents informed consent.

##### Permission

|  |  |  |  |
| --- | --- | --- | --- |
| By signing this form, I give permission for my child to attend the above event.  I also authorise the leaders of this programme, in the event of an emergency, to obtain at my expense any medical, ambulance or similar services considered necessary.  I also accept that any unacceptable behaviour on the part of my child may result in my child being sent home and/or being temporarily or permanently prohibited from attending this programme.  I understand and accept that financial responsibility incurred as a result of damage to or loss of personal property cannot be assumed by the organisers.  **Authority for administering paracetamol (tick to consent)** | | | |
| 🞎 | I authorise the leaders of this programme to administer one dose of paracetamol to my child as per the instructions on the medication. I understand that this authority is a guideline for administration of a specific dose. I understand that I will be contacted for my permission for each specific instance. I understand the potential risks and side effects of this medication for my child. | | |
| **Authority to travel (tick to consent)** | | | |
| 🞎 | I understand that travel is to be by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 🞎 | I give permission for my child to travel in a car driven by a person with a full license who is an appointed leader of this program or a parent. | | |
| 🞎 | I give permission for my child to travel in a car driven by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has a provisional license. | | |
| Child’s surname: | | Child’s first name: | |
| Address: | | |  |
| Parent / Carer’s name: | | | Contact number: |

##### Signature

|  |  |
| --- | --- |
| Parent / Carer’s signature: | Date: |