(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 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: