



2024 Edition

BREAKING THE SILENCE

(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.
- ☐ Consent is granted from _____ to _____. If no end date specified, consent will lapse 31st December of year this form is signed.

Child's surname:

Child's first name:

Address:

Parent / Carer's name:

Contact number:

SIGNATURE

Parent / Carer's signature:

Date: