
“OFF-SITE” or TRAVEL PERMISSION NOTE

Please complete one for each child

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

CONSENT

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

- I understand that travel is to be by (*specify*) _____
- 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 programme or a parent.
- I give permission for my child to travel in a car driven by (*name*) _____ who has a provisional license.

Child's Surname: _____ First name: _____

Address: _____

Parent / carer's name: _____

Contact number: (H) _____ (W) _____ (M) _____

SIGNATURE

Parent / carer's signature: _____ Date: _____