



PLEASE ENTER NAME OF CHURCH OR ORGANISATION

--

Excursion Parental Permission

This section to be completed by the Ministry Co-ordinator

Name of activity	
Location of activity	
Date of activity	
Time to be at Church	
Departure time	
Arrival time at Church after activity	

This section to be completed and signed by the child or young person's parent or guardian

Name of Child (Under 18 years of age)	
Home Address	
Parent/ Legal Guardian	
Telephone contact number	
Please include any changes to medical information previously given	

I acknowledge that the activity described in this form may be hazardous and that my child participates at his/her own risk. I understand that the church will take reasonable steps to provide a safe environment for my child and to ensure that all equipment supplied by them for the activity is of a reasonable standard.

I will encourage my child to participate and co-operate with the leader and other participants.

I acknowledge that the church will not be liable for any injury to my child where the activities are being provided by another organisation.

I hereby agree to indemnify the church against any loss or damage to property, equipment or personal effects belonging to my child, or any other person, arising either directly or indirectly out of or in connection with the activity described in the schedule incorporated in this form.

I agree that the church may authorise on my child's behalf whatever medical treatment he/she may require. (This includes, but is not limited to, ambulance attendance and hospital treatment). I agree to pay all medical expenses incurred.

I do/do not (*please circle as appropriate*) give permission for my child/young person to be transported to and from the activity by an Approved Driver. (*List of Approved Drivers is available upon request*)

Signature: _____ Date: _____

Name: _____ (Parent or Legal Guardian)