

CITYYOUTH GENERIC PERMISSION SLIP

CITYYOUTH // CITIHIGH // FUSION
(PLEASE CIRCLE)

I, _____ (PARENT//GARDIAN NAME), GIVE PERMISSION FOR MY CHILD, _____ (CHILDS NAME), TO ATTEND THE _____ (EVENT//OUTING) ON _____ (DATE). I GIVE PERMISSION FOR CITYYOUTH STAFF AND VOLUNTEERS TO OBTAIN EMERGENCY MEDICAL, HOSPITAL OR AMBULANCE SERVICE AT ANYTIME THEY CONSIDER NECESSARY. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE FOR ME TO BE NOTIFIED BEFORE INSTITUTING SUCH PROCEDURES.

I ACKNOWLEDGE THAT I WILL BE LIABLE FOR ANY MEDICAL, HOSPITAL OR AMBULANCE EXPENSES INCURRED IN THE TREATMENT FOR MY CHILD.

I ALSO UNDERSTAND THAT WHILE EVERY PRECAUTION WILL BE TAKEN TO INSURE THE PROTECTION OF MY CHILD, CHRISTIAN OUTREACH CENTRE, CITIPOINTE CHURCH AND CITYYOUTH STAFF AND VOLUNTEERS ARE RELEASED FROM ANY AND ALL LIABILITY IN THE EVENT OF ANY ACCIDENT OR MISFORTUNE, DAMAGE OR LOSS THAT MAY OCCUR TO THE CHILD OR PROPERTY.

NAME (CHILD): _____

NAME (PARENT/GUARDIAN): _____

CONTACT NUMBER – MOBILE: _____

CONTACT NUMBER – HOME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

(IF YOU REQUIRE EMERGENCY CONTACT NUMBERS, COSTS OR ANY OTHER DETAILS PLEASE CONTACT OUR OFFICE ON THE BELOW DETAILS)

Citipointe
CHURCH BRISBANE

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