



# CITYYOUTH



## CITYYOUTH GENERIC PERMISSION SLIP

I, \_\_\_\_\_ (PARENT//GAURDIAN 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.

### EMERGENCY CONTACT DETAILS

NAME (CHILD) \_\_\_\_\_  
NAME (PARENT/GAURDIAN) \_\_\_\_\_  
CONTACT NUMBER-MOBILE \_\_\_\_\_  
CONTACT NUMBER-HOME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

If this is your first time filling out the form, or you just need more information regarding pick up & drop off locations and times please feel free to call us on the contact details given below.

PARENT/GAURDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

26 Rosemary St Durack QLD 4077  
(07) 3343 8888 or call Julian Muller on 0405238093  
jmuller@citipointechurch.com