



PERMISSION FOR OUTINGS

Outings and interaction within the community is seen as an integral part of residents care. Our daily programme allows for regular outings to various external facilities and recreational activities. We therefore request your permission to include your relative/friend in these aspects of the programme where appropriate.

While it is our aim to take all possible precautions to keep our resident's safe and warm while on outings, they may be exposed to situations out of our control that may pose increased risks for them. In the event of a mishap or accident we will not be held responsible for any liability caused.

I _____ Relative/Advocate, authorise that the resident named below can go on outings or appointments with staff. I also accept that mishaps or accidents outside of the control of staff can happen and that if this occurs we will not hold the Aged Care facility liable for any injury.

Resident name: _____

Signature Welfare Guardian/ Advocate: _____

Relationship: _____ Date: _____

Aged Care Facility Representative Signature: _____

Designation: _____ Date: _____