

ST. JOHN'S HOME FOR ELDERLY PERSON
Application for Outing/Home Leave by Sponsor/Authorized Person

(Home Leave request must be completed only by Legal Sponsor. The Home will only allow legal sponsors or person/s authorized by legal sponsors to bring the Resident out)

Date: _____

I, _____ Mobile Phone Number: _____
Name of Sponsor (Home Leave or Outing) / Authorized Person(Outing Only)

the undersigned, who is the _____ of _____
relationship Name of Resident

hereby apply for permission to take him/her from St John's Home for Elderly Persons from
_____ to _____
Date/Time Date/Time

for the purpose of _____.

I understand and agree that I am fully responsible, and assume full legal liability for the well-being, proper care, and safety of the above-named Resident during the entire period of his/her absence from the Home.

I agree and confirm that St. John's Home for Elderly Persons and its staff shall not be held responsible or liable in any way for any personal injury, loss or damage suffered by the above-named Resident during the period of his/her absence from the Home or as a consequence of his/her absence from the Home. I hereby indemnify the Home against all claims, loss or injury suffered by the above-named Resident.

Signed: _____

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To be completed by Staff of St. John's Home for Elderly Persons before allowing Resident to go out.

I have verified that the above-named person who is **bringing the resident out** is a legal sponsor of the resident, or a person authorized by the legal sponsor.

Name of Staff: _____

Signature of Staff and Date: _____