

**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.

I understand and will ensure the compliance of the following Covid-19 safe management measures (SMMs):

- a. Home leave is not permitted should anyone living in the same residence (where the Resident will be staying) be tested COVID-19 positive, or unwell with fever and/or symptoms of ARI and/or infectious disease.
- b. To adhere to prevailing SMMs in the community.
- c. To strictly disallow the Resident's contact with individuals who are tested positive for COVID-19 or under SHN, as well as individuals who are unwell with fever and/or symptoms of ARI and/or diagnosed with an infectious disease.
- d. The caregiver is to monitor the Resident for symptoms of ARI and bring him/her to visit a doctor immediately if he/she turns unwell whilst on home leave and alert the staff of St. John's Home for Elderly Persons.
- e. Should any individual who came into contact with the Resident during the period of his/her home leave, develop fever and/or ARI symptoms, is tested positive for COVID-19, or diagnosed with an infectious disease during the period of home leave or in the two days from the date the Resident returns to the Home, the caregiver is to inform the Home of this information immediately.

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.

Signed by Staff: \_\_\_\_\_ Name of Staff: \_\_\_\_\_