



2018 KAIPARA COLLEGE GENERAL and SPORT EOTC CONSENT

Student Health, Contract and Blanket Parental Consent

Required for all students participating in any EOTC (Education Outside The Classroom) activities – only needed to be completed once a year. This consent is kept on file to use for all events planned throughout the year. High Risk, overnight and international events will require specific parental consent for each event.

Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising EOTC event activities. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please ensure that all sections of this form are completed and it is returned to your form teacher ASAP.

STUDENT INFORMATION

Name: _____ Year: _____
 Address: _____
 Student email: _____ Student cellphone: _____
 Doctor: _____

HEALTH PROFILE

<p>1. Please tick if your child has any of the following</p> <p><input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Travel sickness <input type="checkbox"/> Fits of any type <input type="checkbox"/> Chronic nose bleeds <input type="checkbox"/> Heart condition <input type="checkbox"/> Dizzy spells <input type="checkbox"/> Colour blindness <input type="checkbox"/> Other – please specify</p> <p>.....</p> <p>2. Medical Alert number (if applicable)</p> <p>.....</p> <p>3. Date of last tetanus injection?</p> <p style="text-align: center;">...../...../.....</p>	<p>4. Is your child currently taking medication?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>5. Name of medication/s</p> <p>.....</p> <p>6. Dosage & time/s to be taken</p> <p>.....</p> <p>7. Other treatment/s</p> <p>.....</p> <p>8. Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p>	<p>9. Is your child allergic to any of the following?</p> <p>10. Prescription medication</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>11. Food</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>12. Insect bites / stings</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>13. Other allergies</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>14. Treatment required?</p> <p>.....</p> <p>15. Outline any dietary requirements</p> <p>.....</p>	<p>16. What pain /flu medication may your child be given if necessary?</p> <p>.....</p> <p>17. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p> <p>18. Is there any other information that staff should know to ensure the physical and emotional safety of your child? E.g. cultural practices, disability, anxiety about heights/darkness, small places, pregnancy, behavioural or emotional problems.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>.....</p>
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Please take time to update health information with the school if there are any changes during the year.

SWIMMING SPECIFIC CONSENT

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

- | | | | |
|---|-----|----|------------|
| • Is your child able to swim 50 metres? | Yes | No | Don't know |
| • Is your child water confident in a pool? | Yes | No | Don't know |
| • Is your child confident in deep water? | Yes | No | Don't know |
| • Is your child able to tread water? | Yes | No | Don't know |
| • Is your child able to survival float? | Yes | No | Don't know |
| • Is your child confident in the sea or in open inland water? | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Signed (by parent):

MEDICAL CONSENT

- In an emergency the school may act on my behalf
- The school may administer pain relief
- I agree that if a prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure the prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration
- I will inform Kaipara College as soon as possible of any changes in the medical or other circumstances between now and the commencement of an event
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present
- Any medical costs not covered by ACC or a community service card will be paid by me
- If my child is involved in any serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense

Signed (by parent):

STUDENT CONTRACT

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practice skills and gain attitudes and values in an environment outside the classroom
 - I realise that this requires me to take genuine responsibility for my own learning and the safety of myself and others
- I agree to do the following to make this happen:
 - Show courtesy and consideration for others; follow the rules and instructions of staff and other supervisors at any event; take part in all activities with challenge-by-choice options; look after myself and my personal belongings, declare medical conditions that could affect participation in any event; accept the rules set out by the school for any event, even if they are different from what is expected at home
- I understand that my parents/caregivers will be contacted and I may be sent home at their expense if;
 - My actions are considered unacceptable by staff; I breach the school smoking, drugs and/or alcohol policies, or my actions put me or others in any danger

Signed (by student):

Date:/...../.....

PARENTAL CONSENT

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly
- I understand that there may be risks with involvement in Kaipara College events and that these risks cannot be completely eliminated
- I understand that Kaipara College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimize those risks
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask questions of Kaipara College about the activities in which my child will be involved. I recognized that participation in such events is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge
- I understand that Kaipara College does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy

Signed (by parent):

Date:/...../.....

(Full name of parent/caregiver):

contact number:

email address: