



Otorohanga College

Ko te mana mō mua i te whakamana

Honour before Honours

Principal: Ms Traci Liddall Dip Tchg, Dip TEFL, BA, PGDip Ed, M Ed (hons)

BLANKET CONSENT FORM

This EOTC form is to cover low risk events which occur during the course of a school day and conclude prior to approximately 6.00pm, restricted to the township of Otorohanga eg. town, contributing primary schools, leisure centre etc

Where an event involves higher risk such as adventurous activities or hazardous environments, specific consent will be required.

Privacy Statement: Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Student Information

Name: Year Level:

Swimming 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: (circle one)

- | | | | |
|---|-----|----|------------|
| • 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 |

Medical Consent

- In an emergency school may act on my behalf
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform Otorohanga College as soon as possible of any changes in the medical or other circumstances.
- 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 involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Student Contract

- To be read and signed by all participating students.
- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
- I realise that this requires me to take on genuine responsibility for my own learning and the safety and that 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 within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
- My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; 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 are risks associated with involvement in Ōtorohanga College's EOTC events and that these risks cannot be completely eliminated.
- I understand Ōtorohanga College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise 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 any questions of Ōtorohanga College about the activities in which my child will be involved. I recognise that participation in such activities 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 Ōtorohanga 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: Date/...../.....

(Full name of Parent/Caregiver)