



Buckland's Beach Primary School

Parent Consent and Risk Disclosure Year 6 Camp

This **Parental Consent and Risk Disclosure** form and the **Health Profile** form are to be completed for student participants in the EOTC event, to comply with school health and safety requirements.

The purpose of the forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, camp staff and volunteers associated with supervising activities on the EOTC event.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the school ASAP.

A separate **Health Profile** form is to be completed for each person attending the event.

**Buckland's Beach Primary School Y6 Outdoor Education Week
Year 6 Camp at Camp Ngaruawahia
Monday 11th Feb- 14th Feb 2019**

PARTICIPANT INFORMATION FORM

Please complete these details:

Name of Student: _____

Address: _____

Telephone: _____ Cell Phone: _____

Year : _____ Room: _____ Teacher: _____

Family Doctor's Name: _____ Phone: _____

Address: _____

Community Service Card No.: _____

HEALTH PROFILE

This profile is designed to assist in the care of all participants at EOTC events. One form must be completed for EACH participant.

Name: _____ Medic Alert No.: _____

1. **When was your/your child's last tetanus injection?** _____

It is essential that we know this information.

2. Do you give permission for you or your child to be given Panadol/Pamol, if required – please circle

	Yes		No		
3. Please tick if you have any of the following:					
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"/>

Other (please specify) _____

For overnight events: Sleepwalking Bedwetting Nightmares

4. Is your child currently taking any medication? Yes No

If yes, please state: Ailment/s _____

Name of medication: _____

Dosage and time/s to be taken: _____

Other treatment: _____

5. 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? Yes No

If yes, please state the injury/illness: _____

6. Is your child allergic to any of the following?

			Please specify
Prescription medication	Yes	No	_____
Food	Yes	No	_____
Insect bites/stings	Yes	No	_____
Other allergies	Yes	No	_____

What treatment is required? _____

EMERGENCY CONTACT DETAILS (Please provide at least 2 sets of contact details of people not attending camp)

1. Name _____	Relationship _____
Address _____	Daytime Phone _____
Evening Phone _____	Cell Phone _____

2. Name _____	Relationship _____
Address _____	Daytime Phone _____
Evening Phone _____	Cell Phone _____

Parental consent

I agree to my child taking part in the EOTC event and have read the information sheet. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

Acknowledgement of risk

I have been informed about the EOTC event and I understand that there are risk associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child follow these procedures.

I know that I am able to ask questions of the school about the activities my child will be involved in, to gain a better understanding of the risks 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 the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Print name _____ Signed _____ Dated _____
To be read and signed by adult participant or parent/caregiver of child participant