



Buckland's Beach Primary School

Parent Helper Consent and Risk Disclosure Year 6 Camp

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

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 Parent Helper: _____

Address: _____

Telephone: _____ Cell Phone: _____

Child's Name: _____ Email: _____

Family Doctor's Name: _____ Phone: _____

Address: _____

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 last tetanus injection?** _____
It is essential that we know this information.

2. 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) _____

3. Are you 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. Have you 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. Are you 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 _____

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 no alcohol can be consumed while on camp.

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 _____ Sign _____ Date _____