

Parental consent, emergency contacts and risk disclosure



Class/group: Manutaki Year 10 Camp

Details of event:

Location: Waharau Regional Park

Start date: Monday 17th October Time: 8.40am

Finish date: Wednesday 19th October Time: 3.20pm

PARTICIPANT INFORMATION FORM

Please complete these details:

Name Student ID _____

Address _____

Telephone _____ Mobile _____

Year or class level _____ Age _____

Tutor Teacher _____

Family Doctor Name _____ Telephone _____

Address _____

Medic Alert number (if applicable) _____

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details which will be active during the time of the event)

Contact 1: Emergency Contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

To be read and signed by parent/caregiver of Student.

Parental Consent

I agree to my child taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

Acknowledgement of Risk

I have read the EOTC event information sheet and I understand that there are risks 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 my child has been involved in the development of safety procedures. I will do my best to ensure that my child follow these procedures.

I know that I am able to ask any 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 through a 'challenge by choice'* procedure. My child understands that they may withdraw from an 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.

Name: _____

Signature: _____

Date: _____

* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.