Parental consent, emergency contacts and risk disclosure



Class/group:	Manutaki Year 10 Camp				
Details of event:					
Location:	Waharau Regional Park				
Start date:	Monday 25th March	Time:	8.40am		
Finish date:	Wednesday 27th March	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 Name:	Contact	Relationship:			
Address:					
Day Phone:		Evening Phone:			
Mobile:					

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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.				
	nool does not accept responsibili y to check my own insurance pol	ty for loss or damage to personal property and icy.		
Name:				
Signature:				
Date:				

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