



## KATIKATI COLLEGE

### BLANKET EOTC CONSENT FORM

***Please fill in this form and hand into the school  
Office with copies of the required documentation.***

First Name: .....

Last Name: .....

This Education Outside the Classroom (EOTC) form is to request consent for your child to participate in EOTC events which occur during the course of a school day. Example events include walking into town, local sporting events, Hiku walk, cross country, athletics, swimming sports, museum, local business and low risk events in the BOP. These events will be managed according to the school's safety management procedure for such events. Information will be communicated about these events, but your consent will not be requested. If you have any questions or concerns about your child's participation at any time, please do not hesitate to contact the school.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments, or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to confirm health and contact information held by the school. Answering 'no' to any questions does not mean students cannot attend. It simply provides staff with information to help plan events more effectively.

#### Medical Consent

In an emergency school may act on my behalf

School may administer pain relief

YES / NO

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.

YES / NO

I will inform the school as soon as possible of any changes in the medical or other circumstances.

YES / NO

I agree to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered by the medical authorities present.

YES / NO

Any medical costs not covered by ACC or a community service card will be paid by me.

YES / NO

If my child is 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.

YES / NO

#### Transport

I give my child consent to travel by bus, van or a form of public transport.

YES / NO

I give consent for my child to travel in a private car if required. Driver is to have a full license. The vehicle has current WOF and Registration.

YES / NO

#### Swimming Consent

Is your child confident in a pool?

YES / NO

Is your child confident in deep water?

YES / NO

Is your child able to survival float?

YES / NO

Is your child confident in the sea or in open inland water?

YES / NO

Is your child safety conscious in and around water?

YES / NO

Is your child able to tread water?

YES / NO

Is your child able to swim 50 Metres?

YES / NO

### Student Contract

To be read and signed by all participating students.

I understand that any EOTC event is an opportunity for me to learn, practice 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 of myself and others. **YES / NO**

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. **YES / NO**

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. **YES / NO**

### Parental Consent

I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly. **YES / NO**

I understand that there are risks associated with involvement in the school's EOTC events and that these risks cannot be completely eliminated. **YES / NO**

I understand the school will identify any foreseeable risks or hazards and implement correct procedures. **YES / NO**

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. **YES / NO**

I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of the school 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. **YES / NO**

I understand that the school 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. **YES / NO**

### 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 the Act to access and seek correction of the information from the school.

Name of person completing this form: ..... Parents/Caregivers Signature: .....

Student Signature: ..... Date: .....