

Health and Consent Form for Trips and Camps

This form must be accompanied by an information sheet listing all activities the student will be participating in as part of the EOTC event. Details on this form will remain confidential to school staff and other adults associated with supervising activities on the event. This form or a copy must be taken on the event.

Class: R28	Teacher: Whakarongo Tauranga & Megan Bevan
Event: CAMP WAITOMO	
Location: TOKIKAPU MARAE (2 km's West of Waitomo Caves Village on Te Anga Rd)	
Dates: 1 – 3 DECEMBER 2014	

NAME OF CHILD:

Name of parent / caregiver:		
Address:		
Phone (day)	(evening)	(mobile)

EMERGENCY CONTACT DETAILS

Name:		
Relationship to child:		
Phone (day)	(evening)	(mobile)

Please tick if your child has any of the following:		
<input type="checkbox"/> migraine	<input type="checkbox"/> epilepsy	<input type="checkbox"/> asthma
<input type="checkbox"/> diabetes	<input type="checkbox"/> travel sickness	<input type="checkbox"/> sinus problems
<input type="checkbox"/> hay fever	<input type="checkbox"/> other (please specify)	
Treatment required?		
<hr/> <hr/> <hr/>		

Please tick if your child is allergic to any of the following and provide details of treatment required if any.	
<input type="checkbox"/> prescription medicine	<hr/> <hr/>
<input type="checkbox"/> food	<hr/> <hr/>
<input type="checkbox"/> insect bites/stings	<hr/> <hr/>
<input type="checkbox"/> other allergies (state)	<hr/> <hr/>

Is there any other information the staff should know to ensure the physical and emotional safety of your child?
 e.g. bed wetting sleep walking cultural practices anxieties (e.g. heights, darkness, small spaces)
 If YES, please give details:

Does your child currently take any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please state:			
Ailment/s:			
Name of medication:			
Dosages and times to be taken:			
Other treatment:			

When was your child's last tetanus injection?

What pain medication may your child be given if necessary?

To the best of your knowledge, has your child been in contact with any contagious or infectious disease in the last four weeks? Yes No

If YES, please give brief details

Tick

- I approve of my child taking part in this event, and have read the information sheet.
- In the event of accident or illness, I agree to my child receiving any emergency medical, dental or surgical treatment as, in the opinion of a staff member, assisting parent or a medical professional, may be required.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- 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 given to the teacher with instructions on its administration.
- I understand and agree that the designated adult will make their "best effort" to administer the medication as directed and if they are inadvertently unable to, then I will take no action against them.
- If at some time in the future it is discovered that the medication has side effects, I will not take any action against the school administering the medication.

Signed: Date:

Name:

Please the appropriate box.

- I have already paid \$130 in Term 3
- I have enclosed payment of \$130 by cheque/cash
- I have paid online to bank account: **12-3152-0225675-00**
- I am already paying by installments through the office
- Payment of \$130 will be made by eftpos, cash or cheque at the school office prior to camp