

BLANKET CONSENT LETTER

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

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability. *For younger students, it may be difficult to complete this, please complete as best as possible.*

Swimming ability

Is <First Name> able to swim 50 metres?	Yes	No	Don't know
Is <First Name> water confident in a pool?	Yes	No	Don't know
Is <First Name> confident in deep water?	Yes	No	Don't know
Is <First Name> able to tread water?	Yes	No	Don't know
Is <First Name> able to survival float?	Yes	No	Don't know
Is <First Name> confident in the sea or in open inland water?	Yes	No	Don't know
Is <First Name> safety conscious in and around water?	Yes	No	Don't know

Signed:

Medical Consent

- ☐ In an emergency school may act on my behalf
- ☐ School may administer pain relief
- ☐ 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.
- ☐ I will inform school as soon as possible of any changes in the medical or other circumstances.
- ☐ I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- ☐ Any medical costs not covered by ACC or a community service card will be paid by me.
- ☐ If <First Name> involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, <he> will be sent home at my expense.

Signed:

Student Contract

Please support your <son> to understand this section of the document.

- ☐ I understand that any EOTC event is an opportunity for me to learn, practise 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 and that of myself and others.
- ☐ 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.
- ☐ 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;
 - My actions put me or others in any danger.

Signed (by student):

Date/...../.....

Parental Consent

- ☐ I agree to <First Name> taking part in EOTC events. I acknowledge the need for <him> to behave responsibly.
- ☐ I understand that there are risks associated with involvement in Onewhero Area School's EOTC events and that these risks cannot be completely eliminated.
- ☐ I understand Onewhero Area School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- ☐ I understand that <First Name> will be involved in the development of safety procedures.
- ☐ I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Onewhero Area School about the activities in which <First Name> will be involved.
- ☐ I recognise that participation in such activities is voluntary and not mandatory. <First Name> and I both understand that <he> may withdraw from the activity if <he> feels at risk. This must be done in consultation with the person in charge.
- ☐ I understand that Onewhero Area School does not accept responsibility for loss or damage to personal property (either <First Name>'s property or damage to other's property caused by <First Name>) and that it is my responsibility to check my own insurance policy.

Signed:

Date/...../.....

(Full name of parent/Caregiver)