



# Collingwood Area School

Connecting to others, our environment, and the future

*Te whanaungatanga ki te tangata, te taiao, te anamata hoki*

## 5. Blanket Consent form

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. This might include a bus or car trip to Takaka, Art Gallery, Marae, School or Sports Event. 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 update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please ensure that all sections of this form are completed and it is returned to Collingwood Area School

### *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.*

### **Student Information**

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_

### **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 Collingwood Area 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.

Signed: .....

**Student Contract**

To be read and signed by all participating students.

- 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; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student): ..... Date ...../...../.....

**Parental Consent**

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Collingwood Area School’s EOTC events and that these risks cannot be completely eliminated.
- I understand Collingwood Area School will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- 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.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Collingwood Area 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.
- I understand that Collingwood Area 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.

Signed: ..... Date ...../...../.....

(Full name of parent/Caregiver) .....