



## Rapuhia ko te mātauranga - Seek further knowledge

### Education Outside the Classroom (EOTC)

This EOTC form is to gain parental permission for your child to participate in low risk activities and events in the Waimarino Rohe (National Park, Ohakune, Waiouru and Raetihi). These events will occur during the course of a school day and conclude prior to approximately 5.00pm. The activities will generally involve transport in school vans, school work, walking and interacting with community all under adult supervision. This blanket consent form will also cover common school activities outlined in the following list:

- School Swimming Sports (Waiouru)
- School Cross Country (Ohakune)
- Mountain Biking Old Coach Road
- Attending school related tangihana

You will be notified through email, letter home or through facebook of your child's involvement in activities covered by the scope of this form. 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 through the usual permission slip process. At the time of our seeking any further consents you will also be asked to update the health and contact information held by Ruapehu College.

It is important that this form is completed at the start of each the year to cover students participating in the above EOTC activities. Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the Ruapehu College office during the year.

Please ensure that all sections of this form are completed and it is returned to the Ruapehu College office either hard copy or scanned and email in.

*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 2020. You have the right under that Act to access and seek correction of the information from the school. This information is held for the duration of the student's enrolment at Ruapehu College. Updates are required only if there are changes to any of the information that is provided in this form.*

#### Student Information

Name: ..... Year:.....

Address: .....

#### 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.

Swimming ability

- |   |     |    |            |
|---|-----|----|------------|
| • Is your child able to swim 50 metres?               | Yes | No | Don't know |
| • Is your child water confident in a pool?            | Yes | No | Don't know |
| • Is your child confident in deep water?              | Yes | No | Don't know |
| • Is your child able to tread water?                  | Yes | No | Don't know |
| • Is your child able to survival float?               | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Signed (by parent):

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**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 Ruapehu College as soon as possible of any changes in the medical or other circumstances.
- I am to be contacted if my child is to receive any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present. If I cannot be reached in an emergency situation the school may act on my behalf.
- Any medical costs not covered by ACC or a community service card will be paid by me.

Signed (by parent):

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**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:
  - At all times demonstrate the school values. 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 Ruapehu College EOTC events and that these risks cannot be completely eliminated.
- I understand Ruapehu College 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 Ruapehu College 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 Ruapehu College 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)

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