



STUDENT - CONSENT FOR EOTC ACTIVITY EMERGENCY CONTACTS & RISK ACKNOWLEDGEMENT

To be accompanied by the Information cover letter and Health Profile forms.

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

School/group	Kauri Community (Year 5) Camp		
Start date	29/03/2023	Time	9:00 am
Finish date	31/03/2023	Time	3:00 pm
Location	Marsden Bay Christian Camp. 89A One Tree Point Road, Ruakaka		

PARTICIPANT INFORMATION FORM

Student Name

Address

Phone number

Mobile

Year or class level

Age

Family doctor name

Phone #

Community Services card number (if applicable)

Medic Alert number (if applicable)

EMERGENCY CONTACT DETAILS

Contact 1: Emergency Contact

Name

Relationship

Address

Day phone

Evening phone

Mobile

EMERGENCY CONTACT DETAILS

Contact 2: Alternative Contact

Name	.....	Relationship	.....
Address	..... ..... .....	
Day phone	.....	Evening phone	.....
		Mobile	.....

TO BE READ AND SIGNED BY THE PARENT/CAREGIVER OF THE CHILD PARTICIPANT

Parental Consent

I agree to my child taking part in the EOTC event and have received sufficient information on which to base this decision. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.

Acknowledgement of Risk

- I have read the EOTC event information sheet, and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards.
- I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that my child follow these procedures.
- I know that I am able to ask any questions of the school about the activities that my child will be involved in, to gain a better understanding of the risks involved.
- I recognise that participation in such activities is voluntary and not mandatory through a “challenge by choice”* procedure. My child understands that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that the school does not accept responsibility for loss or damage to personal property, and that it is my responsibility to check my own insurance policy.

* “Challenge by choice” means the participant chooses their own level of challenge within a supportive peer environment.

Name	.....
Signature	.....
Date	.....