



Te Kura o Puhinui
Warkworth School

16 February 2024

C6 Kahikatea Camp 2024 - Chosen Valley Christian Camp

Tēnā koutou/kia orana/bula/nei hou/namaste,

This consent form is required for **C6 Camp** on **Tuesday 7 May - Friday 10 May 2024 at 89A at 53 Turner Road, Ararimu 2579**. Please ensure that all sections of this form are completed and it is returned by **Friday 23 February 2024**.

If you have any questions, please contact me via the information below

Regards,

Ms Jen Lane, Miss Brooke Mitchell and Mrs Tania Natana-Weller.
Kahikatea Community Teachers

Privacy Statement

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.

Ākonga Information

Ākonga Name	Ākonga Current School Year
Address	
Emergency contact 1 : Email Address/ Home address Relationship:	Emergency contact 1: Mobile Phone (please provide all -day and evening)
Alternative contact 2 : Email Address / Home address Relationship:	Alternative contact 2 : Mobile Phone number (please provide all -day and evening)
Ākonga Email Address:	Ākonga Mobile Phone

Family Doctor Name:	Family Doctor Phone number:
Medic Alert Number (if applicable)	

Medical and Support Consent

In an emergency the school may act on my behalf	<input type="radio"/> agree <input type="radio"/> disagree
Should my child require pain management the school may administer pain relief, as indicated on their enrolment form.	<input type="radio"/> agree <input type="radio"/> disagree
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.	<input type="radio"/> agree <input type="radio"/> disagree
I will inform the school as soon as possible of any changes in the medical or other circumstances.	<input type="radio"/> agree <input type="radio"/> disagree
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.	<input type="radio"/> agree <input type="radio"/> disagree
Any medical costs not covered by ACC or a community service card will be paid by me	<input type="radio"/> agree <input type="radio"/> disagree

Parent/Caregiver Consent

I agree to my child taking part in this EOTC event and have received sufficient information on which to base a decision.	<input type="radio"/> agree <input type="radio"/> disagree
I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly	<input type="radio"/> agree <input type="radio"/> disagree
I have updated (where necessary) my child's health information held by the school.	<input type="radio"/> agree <input type="radio"/> disagree
I have updated (where necessary) my child's water competence.	<input type="radio"/> agree <input type="radio"/> disagree

Acknowledgement of Risk

I understand that the school will identify any reasonable foreseeable risks and hazards, and implement effective management procedures to eliminate or minimise these.	<input type="radio"/> agree <input type="radio"/> disagree
I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that the school will encourage all ākonga to participate to their full potential, and for some ākonga a support plan will be implemented following discussion with whānau to achieve this.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that behaviour will be monitored and support strategies will be put in place to promote the full participation of all ākonga.	<input type="radio"/> agree <input type="radio"/> disagree
I understand my child has been involved in the development of safety procedures and I will do my best to ensure that my child follows these procedures.	<input type="radio"/> agree <input type="radio"/> disagree

My child and I both understand that they may withdraw from an activity if they feel unsafe. This must be done in consultation with the person in charge.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that if my child is involved in a serious disciplinary problem, or actions that threaten the safety of others, they will be sent home at my expense.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that the 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).	<input type="radio"/> agree <input type="radio"/> disagree

Caregiver Signature	Date
Full Name of Caregiver	