

# WHANGAROA COLLEGE

TO WISDOM WITH HONOUR

Phone: 09 4050199 | office@whc.school.nz | PO Box 126,

## 2020 Full Medical & EOTC Blanket Consent Form

### A. Student Medical Details

<b>Student Name</b>			
<b>Student Phone No.</b>		<b>Student email.</b>	
<b>Year level</b>		<b>Medic Alert number</b>	
<b>Date of birth</b>		<b>Gender</b>	MALE / FEMALE
<b>House/Whanau</b>	KAURI / MATAI / MIRO / TAWA		

1. Please tick if your child has any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Sleep walking	<input type="checkbox"/>		<input type="checkbox"/>

Other (please explain): \_\_\_\_\_

2. Does your child take any medication?

Yes

No

If YES, please state: (Ailment/s)	
Name of medication/s:	
Dosage and time/s to be taken	
Other treatment:	

3. Has your child had any major injuries (breaks or strains) or illness (glandular fever etc) in the last 12 months that may limit full participation in any school activities?

Yes

No

If **YES**, please state the injury/illness and care needed with student.

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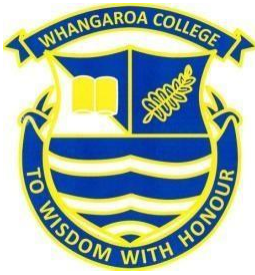
4. Is your child allergic to any of the following?

	Yes	No	Please specify...
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	

What treatment is required?

\_\_\_\_\_

\_\_\_\_\_



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5. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last 6 months?

Yes

No

If YES, please give brief details.


6. Is there any information the staff should know to ensure the physical and emotional safety of your child?  
(Eg. Cultural practices, disability, anxiety about height/darkness/small places, behavioural or emotional problems)

Yes

No

If YES, please state or attach the information


7. Is there any other daily care or support needed for your child not previously mentioned?

Yes

No

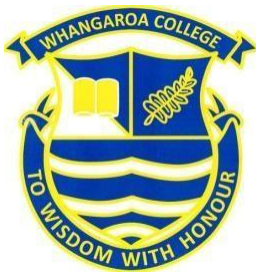
If YES, please explain


8. Date of last tetanus shot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

9. What pain/flu medication may your child be given if necessary? (The office holds panadol)


10. **Aquatic activity / Swimming ability**

	Yes	No	Don't know
Is your child able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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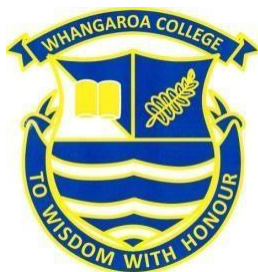
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### B. Parent/Caregiver Contact Details and Consent

*To be read, ticked and signed by parent/caregiver*

	<p><b>E.O.T.C (Education Outside the Classroom)</b> I agree to my child taking part in school EOTC events. I acknowledge the need for them to behave responsibly.</p>
	<p>I understand that there are risks associated with involvement in 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 or minimise those risks.</p>
	<p>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.</p>
	<p>I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions 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.</p>
	<p>I understand that if there are any costs involved for an EOTC trip, then this will be paid before the event. I am aware if the trip is not paid for my child will not be able to attend. <i>(Please contact the school if you need support for any costs so we can discuss possible solutions)</i></p>
	<p><b>MEDICAL</b> Whangaroa College may administer pain relief to my child</p>
	<p>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.</p>
	<p>I agree that in the case of an emergency, medical costs not covered by ACC or a community service card will be paid by me. This relates to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>
	<p>If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.</p>
	<p>I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to another's property caused by my child) and that it is my responsibility to check my own insurance policy.</p>
	<p>I understand this form informs the school for the purpose of in-school activities and education outside of the classroom (&amp; school) (EOTC) for the 2019 school year. I will inform the school as soon as possible of any changes in the medical or other circumstances in my child's health during this time.</p>
	<p>I give permission for my child to swim in the school pool.</p>

<b><u>Parent/caregiver 1:</u></b>		<b><u>Parent/caregiver 2:</u></b>	
Name:		Name:	
Contact Ph Nos.:		Contact Ph Nos.:	
Email:		Email:	
<b><u>Other caregiver/family/whānau contact (emergency):</u></b>		<b><u>Health/medical contact/s:</u></b>	
Name:		Family Doctor:	
Contact Ph Nos.:		Health Facility:	
Email:		Contact Ph:	



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### C. Student Contract for EOTC events

*To be read, ticked and signed by student*

<b>Student Name</b>			
<b>Year Level</b>		<b>House/Whanau</b>	

<input type="checkbox"/>	I understand that opportunities outside of the school environment (sports, cultural, EOTC) are for me to learn, practice my skills and gain positive attitudes and values in a situation outside the classroom. I realise that this requires me to take on genuine responsibility for my own learning, behaviour and safety and that of others.
<input type="checkbox"/>	I agree to show respect, courtesy and consideration to others.
<input type="checkbox"/>	I will follow the rules and instructions of staff and other supervisors at the event.
<input type="checkbox"/>	I will listen to other adults & student leaders and accept tasks willingly.
<input type="checkbox"/>	I understand that participation in such activities is voluntary and not mandatory. I understand that I may withdraw from the activity if I feel unsafe. This must be done in consultation with the teacher in charge. I will try to take part in all activities within challenge-by-choice options.
<input type="checkbox"/>	I will make sure to inform my teachers of any changes in my medical condition that could affect participation in the event.
<input type="checkbox"/>	I will inform a teacher immediately there is an issue or if I get hurt.
<input type="checkbox"/>	I accept that school rules apply at all times and if I do not abide by these actions I understand that my parents / caregivers will be contacted and I may be sent home at their expense. This includes but is not limited to; rude and unacceptable behaviour, breaching the school drugs and alcohol policy, actions that put myself or others in any danger.
<input type="checkbox"/>	I understand that to use the pool during school hours I must have a change of clothes and a towel. I will also act safely at all times, even if I am in the pool area and not swimming.

Student Name:	
Student Signature::	
Mob Phone:	

*NB: Sometimes on a trip we may need to contact someone directly so a Mob number helps with this. Not compulsory.*

### D. Parent Signature

<input type="checkbox"/>	I have read through carefully and completed all sections, detailing both my child's medical details and giving consent for EOTC events. <i>(please tick &amp; sign)</i>
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Parent/caregiver Name:	
Signature::	

Thanks for spending time completing this form. Please read the attached letter for further details.