



# **St. Peter's Catholic School**

*Quality Education in a Traditional Christian Community*

## **STUDENT PARENTAL CONSENT & RISK DISCLOSURE**

*To be distributed with full information details of the EOTC event.*

It is important that this **Student Parental Consent and Risk Disclosure Form** and the **Health Profile Form** are completed by all parents/caregivers of student participants in the EOTC event, to comply with school health and safety requirements.

The purpose of the forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising on the EOTC event.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to school by Friday, 31st August 2018.

A separate **Health Profile** form is to be completed for each student attending the event.

**School/group:** St Peter's Catholic School  
**Details of event:** Tuesday, 23rd October – 26th October 2018  
**Location:** Port Waikato School Camp, Port Waikato  
**Start Date:** 23rd October 2018 **Time:** 9.00 am  
**Finish Date:** 26th October 2018 **Time:** 2.00 pm

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### **PARTICIPANT INFORMATION FORM**

Please complete these details:

**FULL NAME:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**YEAR OR CLASS LEVEL:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**FAMILY DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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MEDIC ALERT NUMBER (if applicable): \_\_\_\_\_

**EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)**

1. **NAME:** \_\_\_\_\_ (Emergency Contact)

**RELATIONSHIP** \_\_\_\_\_ **TO** \_\_\_\_\_ **PARTICIPANT:**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DAY/MOBILE PHONE:** \_\_\_\_\_ **EVENING PHONE** \_\_\_\_\_

2. **NAME:** \_\_\_\_\_ (Alternative Emergency Contact)

**RELATIONSHIP** \_\_\_\_\_ **TO** \_\_\_\_\_ **PARTICIPANT:**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DAY/MOBILE PHONE:** \_\_\_\_\_ **EVENING PHONE** \_\_\_\_\_

**PARENTAL CONSENT**

I agree to my child taking part in the EOTC event and have read the information sheet. 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 the 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 follows these procedures.

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. I recognise that participation in such activities is voluntary and not mandatory. My child understands 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 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.

**PRINT NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(To be completed and signed by parent/caregiver of child participant)*