



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, 30th August 2019.

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, 22nd October – 25th October 2018
Location: Port Waikato School Camp, Port Waikato
Start Date: 22nd October 2019 **Time:** 9.00 am
Finish Date: 25th October 2019 **Time:** 2.00 pm

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)