

Windy Ridge Team Tui Outdoor Education Trip

It is important that this **Parental consent and risk disclosure** form and the **Health profile** form are completed by all adult and 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 or those associated with supervising activities on the EOTC event.

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

Please return this form to the school by **Monday 4th of March**



School/Group: Windy Ridge School Tui Team

Details of event: Education Outside the Classroom

Location: Long Bay and Tiritirimatangi

Start Date: Wednesday 13 or Thursday 14 March - Tiritiri Matangi Island
: Tuesday 19 or Wednesday 20 March - Long Bay

Parental Consent

I agree to my child taking part in the EOTC event and have read the information sheet. I agree to their participation. I acknowledge the need for them to behave responsibly.

Acknowledgment of Risk

I have read the EOTC event information notice 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 know that I am able to ask any questions of the school about activities my child will be involved in, to gain a better understanding of the risks involved.

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.

If my child is involved in a serious disciplinary problem, or actions that threaten the safety of others, she/he will be sent back to school or sit with an adult or teacher until their return journey.

Please complete the form below and return to the school office.

Name:

Signed:

To be read and signed by parent/caregiver of child participant.

Date: _____



Participant Information Form

Please complete these details:

Name: _____

Address: _____

Room: _____

Age: _____

Doctor: _____

Telephone: _____

Medical concerns: _____

Emergency Contact Details

Name: _____

Relationship: _____

Address: _____

Cell Phone: _____



