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| **Parental Consent, Emergency Contacts and Risk Disclosure** |
| *To be distributed with details of the EOTC event.* |
| School/group: | Whatawhata School |
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| **Details of event:** |
| Location: | Te Papa-o-Rotu marae |
|  |
| Start date: | 23rd June 2016 | Time: | 8.30am |
|  |
| Finish date: | 24th June 2016 | Time: | 2.00pm |
|  |
|  |
| **PARTICIPANT INFORMATION FORM** |
| Please complete these details: |
|  |
| Name  |  |
|  |
| Address |  |
|  |  |
|  |  |
|  |
| Telephone |  | Mobile |  |
|  |
| Year or class level |  | Age |  |
|  |
| Form Teacher |  |
|  |
| Family Doctor Name |  | Telephone |  |
|  |
| Address |  |
|  |  |
|  |  |
|  |
| **EMERGENCY CONTACT DETAILS**  |
| Contact 1: Emergency Contact |
| Name: |  | Relationship: |  |
|  |
| Address: |  |
|  |  |
|  |  |
|  |
| Day Phone: |  | Evening Phone: |  |
|  |
| Mobile: |  |  |
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| **To be read and signed by adult assistant or parent/caregiver of child participant.** |
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| Parental Consent |
| I agree to my child/myself taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly. |
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| Acknowledgement of Risk |
| I have read the EOTC event information sheet 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 understand my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child follow these procedures. |
|  |
| I know that I am able to ask any questions of the school about the activities I/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 through a ‘challenge by choice’\* procedure. My child and I both understand that I/they may withdraw from an activity if I/they feel at risk. This must be done in consultation with the person in charge. |
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| In 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. |
|  |
| Name: |  |
|  |
| Signature: |  |
|  |
| Date: |  |

\* ‘challenge by choice’ means the participant chooses their own level of challenge within a supportive peer environment.