

**MAUNGATAPERE SCHOOL
PARENTAL CONSENT, EMERGENCY CONTACTS &
RISK DISCLOSURE
NAG 5**



School/group: Room 6, 7 and 8, Maungatapere School

Details of event:

Location: Rotorua/Taupo

Start date: 9th March 2020 Time: 9:00am

Finish date: 13th March 2020 Time: 5:00pm

PARTICIPANT INFORMATION FORM

Please complete these details:

Name Student ID _____

Address _____

Telephone _____ Mobile _____

Year or class level _____ Age _____

Teachers Name Tim Burke Kim Neuman Jen Caddick

Family Doctor Name _____ Telephone _____

Address _____

Community Services Card number _____

Medic Alert number (if applicable) _____

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.

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

Contact 1: Emergency Contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

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

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.

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.

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.