



Blanket Consent Form

This is a blanket consent form used to cover students participating in activities on school grounds and off-site short visits in the local community within school hours (horticulture, agriculture, adventure based learning, measuring in maths, museum, art gallery, sport events, cross-country training)

Student Name		Whanau class	
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Are your current school records regarding contact numbers and medical information up to date?

YES NO If no please completes the following and a Health Profile.

Care givers name		Home Phone	
Address		Cell Phone	
		Day Phone	
Emergency Contact name		Home Phone	
Address		Cell Phone	
		Day Phone	
Family Doctor		Phone	

Acknowledgement of Risk

I understand that there are risks associated with involvement in the School Events and that these risks can not be reduced to zero. I also understand that the management of risk is a shared responsibility between The School Staff and Helpers and the participants. I know that I am able to ask any questions I like of the Event Organiser about the activities my child will be involved in, to gain a better understanding of the risks involved. I also recognise that participation in such activities is voluntary on my child's part and is not a required or mandatory activity. If I feel my child is at risk I may withdraw them after informing and in consultation with the EOTC Event Organiser. I understand that The School will identify any hazards that are likely to arise, identify any foreseeable risks at the Event and will implement correct management procedures to deal with these hazards. I agree that it is incumbent on my child to follow these procedures.

It should not need to be stated, that following conditions apply during all school activities:

1. School rules apply
2. There will be no smoking or consumption of alcohol by students on this trip.
3. Staff members accompanying the trip have the power to make decisions for the welfare of the group and individuals. This implies that members of the group may be returned home if they do not comply with the rules. Parents will be contacted before such action takes place. The cost of such return must be borne by parents
4. Any loss or damage caused by a member of the group will be their liability and not the responsibility of the school.
5. Other adult members of the party will be shown the same respect as staff members.

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to the designated adult with instructions on its administration and I will sign a consent to administer medication form.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.

If you have not ticked any of the boxes above give further information on the back of this form.

Signature of Parent/Guardian

Signature of Student

Date