



1 January 2024

Education Outside of the Classroom Blanket Consent Form

Tēnā koutou/kia orana/bula/nei hou/namaste,

This Education Outside of the Classroom (EOTC) form is to request consent for your child to participate in EOTC events which occur during the course of a school day, on-site or in the local area, and at a low risk level. Example events include: triathlon, cross country, school swimming etc. These events will be managed according to the school's safety management procedures for such events. Information will be communicated about these events but your consent will not be requested. If you have any questions or concerns about your child's participation at any time please do not hesitate to contact the school.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments, or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up-to-date information, that is accurate and complete, to allow us to plan appropriately for EOTC.

Please ensure that student details such as health information and emergency contacts are kept up to date with the school office during the year.

Please ensure that all sections of this form are completed and it is returned by **Friday, 9th February 2024**.

If you have any questions, please contact me via the information below.

Regards,

Lesley Pogai
Deputy Principal
lpogai@aberdeen.school.nz
07 847 7312

Privacy Statement

The personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

Student Information

Student Name	Student Current School Year
Address	
Caregiver Email Address	Caregiver Mobile Phone


Water competence for activities on, in or around water (please tick those that apply)

<input type="radio"/> My child is a non-swimmer (unable to float or move themselves through water)	
My child can confidently and competently swim 25 metres	<input type="radio"/> Applies to my Child
My child can confidently and competently swim 50 metres	<input type="radio"/> Applies to my Child
My child can confidently and competently swim 200+ metres	<input type="radio"/> Applies to my Child
My child is confident in deep water	<input type="radio"/> Applies to my Child
My child is able to tread water for 2-3 minutes	<input type="radio"/> Applies to my Child
My child is able to survival float on their back for 2-3 minutes	<input type="radio"/> Applies to my Child
My child is safety conscious in and around water	<input type="radio"/> Applies to my Child
Any other relevant information we should know about your child's water competence or swimming ability:	
Providing the above information does not remove the need for group leaders to ascertain for themselves the level of the student's swimming/water competence ability.	

Medical and Support Consent

In an emergency the school may act on my behalf	<input type="radio"/> agree <input type="radio"/> disagree
Should my child require pain management the school may administer pain relief, as indicated on their enrolment form.	<input type="radio"/> agree <input type="radio"/> disagree
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 labelled, securely fastened and handed to the designated adult with instructions on its administration.	<input type="radio"/> agree <input type="radio"/> disagree
If my child has extra support needs, I have informed the school and have been involved in the individual support planning for this activity to be successful for my child.	<input type="radio"/> agree <input type="radio"/> disagree
I will inform the school as soon as possible of any changes in the medical or other circumstances.	<input type="radio"/> agree <input type="radio"/> disagree
I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.	<input type="radio"/> agree <input type="radio"/> disagree
Any medical costs not covered by ACC or a community service card will be paid by me	<input type="radio"/> agree <input type="radio"/> disagree

Parent/Caregiver Consent

I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.	<input type="radio"/> agree <input type="radio"/> disagree
I have read the EOTC activities information covered by the blanket consent, and I understand the specific risks associated with involvement in these.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that these risks cannot be completely eliminated.	<input type="radio"/> agree <input type="radio"/> disagree
I understand the school will identify any foreseeable risks or hazards and implement effective management procedures to eliminate or minimise those risks.	<input type="radio"/> agree <input type="radio"/> disagree
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 and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that the school will encourage all students to participate to their full potential, and for some students a support plan will be implemented following discussion with the family to achieve this.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that behaviour will be monitored and supports put in place to promote the full participation of all students.	<input type="radio"/> agree <input type="radio"/> disagree
I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.	<input type="radio"/> agree <input type="radio"/> disagree
If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.	<input type="radio"/> agree <input type="radio"/> disagree

I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

- agree**
- disagree**

Caregiver Signature

Date

Full Name of Caregiver