



MASTERTON PRIMARY SCHOOL
53 South Road
PO Box 2001
Kuripuni
MASTERTON
Phone (06) 377 5297 Fax (06) 377 5010

19th March 2009

Please note that these forms need to be filled out and returned to school as soon as possible, but Tuesday 24th March at the latest. If these forms are not returned your child will not be allowed to go on the trip planned for next week.

Dear Parents/Caregivers

Please find attached 3 forms. The first is 'Parent Consent and Risk Disclosure (5a) which is a form that, when signed by you, gives permission for your child to be involved in school trips or events outside of the school. The second is a 'Participant Information Form (5b). This is for your child's emergency contact details and the last one is a Health Profile (6), which details all your child's health needs.

We will hold these forms 5a, 5b and 6 on file for each student at Masterton Primary School and then in future when there is a class/school trip, details information will be sent home, but we will not require forms to be signed and returned for every trip.

It is very important that these forms be filled out for each child you have attending Masterton Primary School and returned to our office as soon as possible.

If you have any queries or require extra forms, please do not hesitate to contact us.

Regards

**Anne Donald
Deputy Principal**

Masterton Primary School

Parental consent and risk disclosure

5a



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 and volunteers associated with supervising activities on the EOTC event. For safety reasons, please provide us with information that is accurate, complete and up to date.

Please return this form to the school by / /

A separate Health Profile form is to be completed for each person attending the event. Parental consent

I give permission for my child to be involved in EOTC events during 2009. I understand that details of trips and visits will be sent home prior to the trip taking place.

Acknowledgment of risk

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 that my child has been involved in the development of safety procedures. I will do my best to ensure that my child and I 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. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

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.

<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Printed Name	Signature	Date

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

I have completed the participant information form (5b) and agree to update as necessary any personal information and health records throughout the year if circumstances change.

<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Printed Name	Signature	Date

If your child has a school uniform they are required to wear it on school trips

Masterton Primary School

5b



PARTICIPANT INFORMATION FORM

Please complete these details:

Name of student	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Cell phone	<input type="text"/>
Year or class level	<input type="text"/>	Age	<input type="text"/>
Class teacher	<input type="text"/>		
Family doctor's name	<input type="text"/>	Ph	<input type="text"/>
Address	<input type="text"/>		
Community service card number	<input type="text"/>		
Medic Alert Number (if applicable)	<input type="text"/>		

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

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

1. Name	<input type="text"/>	(Emergency contact)
Relationship	<input type="text"/>	
Address	<input type="text"/>	
Day Phone	<input type="text"/>	Evening Phone <input type="text"/>
Cell Phone	<input type="text"/>	
2. Name	<input type="text"/>	(Alternative emergency contact)
Relationship to participant	<input type="text"/>	
Address	<input type="text"/>	
Day Phone	<input type="text"/>	Evening Phone <input type="text"/>
Cell Phone	<input type="text"/>	



Name

Medic Alert number

(if applicable)

1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		

For overnight events

Sleepwalking Bedwetting

2. Are you currently taking medication? Yes No

If YES, please state: Ailment/s

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? Yes No

If YES, please state the injury/illness.

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
What treatment is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

5. When was your/your child's last tetanus injection?

6. Outline any dietary requirements.

7. What pain/flu medication may your child be given if necessary?

8. To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If YES, please give brief details.

9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

- I also 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.
- 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 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, s/he will be sent home at my expense.

Print name

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Signed

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

Date

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