

Health and Consent Form for BeachEd Trip

This form must be accompanied by an information sheet listing all activities the student will be participating in as part of the EOTC event. Details on this form will remain confidential to school staff and other adults associated with supervising activities on the event.

This form or a copy must be taken on the event.

Akomanga: 31	Kaiakor: James Penman
Event: BeachEd day	
Location: Wainui Beach, Raglan	
Date: Term 4 Week 7 - Rāapa 30 Whiringa-ā-rangi (Wednesday 30 November) 2022	

NAME OF CHILD:

Name of parent / caregiver:		
Address:		
Phone (day)	(evening)	(cell phone)

<p>Please tick if your child has any of the following:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> migraine</td> <td><input type="checkbox"/> epilepsy</td> <td><input type="checkbox"/> asthma</td> </tr> <tr> <td><input type="checkbox"/> diabetes</td> <td><input type="checkbox"/> travel sickness</td> <td><input type="checkbox"/> sinus problems</td> </tr> <tr> <td><input type="checkbox"/> hay fever</td> <td><input type="checkbox"/> other (please specify)</td> <td></td> </tr> </table> <p>Treatment required?</p>			<input type="checkbox"/> migraine	<input type="checkbox"/> epilepsy	<input type="checkbox"/> asthma	<input type="checkbox"/> diabetes	<input type="checkbox"/> travel sickness	<input type="checkbox"/> sinus problems	<input type="checkbox"/> hay fever	<input type="checkbox"/> other (please specify)	
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<input type="checkbox"/> diabetes	<input type="checkbox"/> travel sickness	<input type="checkbox"/> sinus problems									
<input type="checkbox"/> hay fever	<input type="checkbox"/> other (please specify)										
<p>Please tick if your child is allergic to any of the following:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> prescription medicine</td> <td><input type="checkbox"/> food</td> <td><input type="checkbox"/> insect bites/stings</td> <td><input type="checkbox"/> other allergies (state)</td> </tr> </table> <p>Treatment required?</p>			<input type="checkbox"/> prescription medicine	<input type="checkbox"/> food	<input type="checkbox"/> insect bites/stings	<input type="checkbox"/> other allergies (state)					
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<p>Please list any other reasons which might prevent your child from taking a full part in the programme:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>											

√ **Tick**

- I give permission for my child to take part in this event, and have read the attached information sheet.
- I am able to come on the day as an adult helper and **I know I will be in the water.**
- I am willing to take my car and provide transport for other parent helpers.

Signed: Date:

Name: