



YEAR 9 CAMP 2019

- Payment
- Parental Consent and Risk Disclosure
- Health Profile

This notice provides information regarding the Year 9 Camp to go with that supplied in the Confirmation letter. If any further specific information is required, it will be provided nearer the date by form teachers in class. Included with this notice is a copy of the Onslow College Health and Safety Form.

Please complete fully the **PARENTAL CONSENT AND RISK DISCLOSURE** and **HEALTH PROFILE FORMS**, fill in the Payment Notice at the bottom of this sheet and return the full document **to the School Office by Monday 11th February at the latest. Please ensure you include the name of your student in each space designated if it is not already shown.**

Confirmed Activity: YEAR 9 CAMP

The details for the activity are shown below:

Venue/Location: Brookfield Outdoor Education Camp, Wainuiomata
Dates: Wednesday February 20 – Friday February 22 2019
Travel method: Chartered coach
Accommodation: Tents in class groups

Payment of the total cost of the activity is now due and should be made to the school office by Monday 11th February.

Total Cost: \$60.00
Less Deposit:
Amount to pay: \$60.00

If you have any questions regarding the activity, or seek any further information, feel free to contact me on email katie.mcfarlane@onslow.school.nz

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PLEASE COMPLETE THIS SECTION:

Student Name: _____ **AKO Class: 9** _____

Amount Paid: _____

Please tick the method of payment in the table below:

Cash/cheque to School Office	
Direct Credit/Internet Banking (please include date.....)	
Other – please describe	

NOTE: If using internet banking please include the following:

School account number: **123 1740265002 00**

Student name for reference and activity name: **YR9CAMP**



Onslow College
PARENTAL CONSENT AND RISK DISCLOSURE

Please complete and return this form to the School Office

EVENT DETAILS

Event: YEAR 9 CAMP 2019

Location: BROOKFIELD OUTDOOR EDUCATION CENTRE, WAINUIOMATA

Start : WEDNESDAY 20TH FEBRUARY – FRIDAY 22ND FEBRUARY 2019

Student Name: _____ **AKO Class: 9** _____

Emergency Contact Details

Name: _____

Relationship to student: _____

Address: _____

Day Phone: _____ **Evening Phone:** _____

Cell Phone: _____

Parental Consent

I agree to my child taking part in the EOTC event and have read the information sheet. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly. If my child is involved in a serious disciplinary problem, including the use of illegal substances, alcohol, cigarettes, or actions that threaten the safety of others, s/he will be sent home at my expense.

Acknowledgment 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 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.

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.

I give permission for my child to be involved in water based activities (swimming and raft building) YES / NO

Signed Parent/Caregiver: _____ **Date:** _____

Signed Student: _____ **Date:** _____



Onslow College

HEALTH PROFILE

Please complete and return this form to the School Office

Student Name: _____ **AKO Class: 9** _____

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): | | | |
| For overnight events: | | Sleepwalking | <input type="checkbox"/> | Bedwetting | <input type="checkbox"/> |

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: _____

Are you allergic to any of the following?

	Yes	No	Please specify
Prescription Medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

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

6. Outline any dietary requirements: _____

(Please note: If you have any specific dietary restrictions that you wish to discuss, please contact the staff member responsible for all meal planning Rose Gerven at rose.gerven@onslow.school.nz)

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 your child (e.g. cultural practices; disability; anxiety about heights/darkness/small spaces; pregnancy; 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 anaesthetic 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.

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

Student Name: _____ AKO Class: 9 _____

Signed Student: _____ Date: _____

Parent/Caregiver Name: _____

Signed Parent/Caregiver: _____ Date: _____