

Francis Douglas



Memorial College

Outdoor Education – Blanket Consent

Student Name: _____

Date: _____

This blanket consent is for activities that carry the risk of a "family outing".
Signing this form will reduce the number of permission slips required throughout the year.
Activities that carry a higher risk will require individual consents.
If you choose not to sign the blanket consent, permission will be required for all activities outside the classroom.

***Please complete and return this booklet to the College Office.**

Blanket Consent for Education Outside the Classroom

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beach, rivers, mountains and the bush in our area and beyond. These areas are rich learning environments for our students both in and out of school. Students need to learn how to be safe. Out school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child to participate in such learning.

The Ministry of Education's EOTC guidelines identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are: (For examples of these activities, see the following page)

Type of Event	Description	Type of Consent
A	On-site in the school grounds (i) Lower risk environments*	(i) Blanket consent at enrolment
B	Off-site events in the local community occurring in school time. (i) Lower risk environments **	(i) Blanket consent at enrolment
C	Off-site events – finishing after school finishes (i) Lower risk environments**	(i) Blanket consent at enrolment
D	Off-site residential overnight events (i) Lower risk environments*	(i) Blanket consent at enrolment

* Involves risk assessed to be no greater than that associated with the average family activity.

** Transportation – students who transport themselves to and from events must comply with the conditions of their New Zealand Driver's License. Student passengers cannot travel in other students' cars unless parental permission has been given.

All EOTC activity categories require staff to be aware of the risks and management strategies and to comply with the College Outdoor Education Policy. Emergency procedures are also in place.

Francis Douglas Memorial College – Blanket Consent

I/We agree to the participation of _____ in *lower risk* category A and B and C and D EOTC events while a student at Francis Douglas Memorial College.

I/We have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

EOTC Event Examples - Francis Douglas Memorial College

Type of Event	Description
A	On-site in the school grounds – Lower risk environments <ul style="list-style-type: none"> • Sports • Practices for performing arts, music and sport • Outside class lessons including the College Farm
B	Off-site events in the local community occurring in school time – Lower risk environments <ul style="list-style-type: none"> • Year level Retreats • TSSSA Events • Geography Year 11 - Traffic Flow Survey & Farm visit • BP Technology Challenge • Junior Debating • Puke Ariki School visits • Junior School Athletics – Catholic Competition • Weetbix Tryathlon • Activity Days at end of year • Coastal Geography Trips • Physical Education - 5km Frankley Road Block Course • Brain Bee Challenge • M.A.D Day Walk • Agricultural Farm Visits
C	Off-site events finishing after school finishes – Lower risk environments <ul style="list-style-type: none"> • Band Festivals • Chamber of Music Competitions • Cultural visits eg, Marae, Music workshops, • Parihaka Exhibition • Future Problem Solving • Agriculture Year 11 – Field Days • Sports Fixtures
D	Off-site residential overnight events – Lower risk environments (1 Night) <ul style="list-style-type: none"> • Sports Trips – St Bernard’s and St John’s Exchange for all sporting codes • 1st XV Rugby, 1st XI Cricket, 1st XI Football, 1st V Basketball, 1st XI Hockey – Traditional fixtures requiring billeting overnight • Young Leaders in Wellington

Health Profile and Medical Consent

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 specific) _____ | | | |
| ADHD | <input type="checkbox"/> | | | | |

For overnight events

- | | | | |
|--------------|--------------------------|------------|--------------------------|
| Sleepwalking | <input type="checkbox"/> | Bedwetting | <input type="checkbox"/> |
|--------------|--------------------------|------------|--------------------------|

2. Is your child currently taking medication? Yes No

If YES, please state: Health condition/s: _____

Name of medication/s: _____

Dosage and time/s to be taken: _____

Other treatment: _____

3. Is a health plan required? Yes No If yes, please provide health plan

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"/> | _____ |
| 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:

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

8. To the best of your knowledge, has 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? (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.

Tick

- 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.
- 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 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.
- 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, he will be sent home at my expense.

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

I/we will provide the school with up to date medical information and will make every endeavour to keep this information current.

Signature: _____

Name: _____ Date: _____

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

Contact 1: Emergency Contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

Contact 2: Alternative contact

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____

I/we will provide the school with up to date medical information and emergency contact details. I/we will make every endeavour to keep this information current.

Parent/Caregiver Signature: _____