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.

PO Box 5124 \ 201 Tukapa Street \ New Plymouth 4343 \ Ph: 06 753 6149 \ Fax: 06 753 6148

office@fdmc.school.nz
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. Our 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)

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

* 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: ___________________________

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# EOTC Event Examples - Francis Douglas Memorial College

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>Description</th>
</tr>
</thead>
</table>
| **A** | On-site in the school grounds – Lower risk environments  
• 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  
• 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  
• 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)  
• 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
- [ ] Epilpsy
- [ ] Asthma
- [ ] Diabetes
- [ ] Travel sickness
- [ ] Fits of any type
- [ ] Chronic nose bleeds
- [ ] Heart condition
- [ ] Dizzy spells
- [ ] Colour blindness
- [ ] Other (please specific) ___________________________________
- [ ] ADHD

For overnight events

- [ ] Sleepwalking
- [ ] Bedwetting

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription medication</td>
<td>[ ]</td>
<td>[ ]</td>
<td>________________________________</td>
</tr>
<tr>
<td>Food</td>
<td>[ ]</td>
<td>[ ]</td>
<td>________________________________</td>
</tr>
<tr>
<td>Insect bites/stings</td>
<td>[ ]</td>
<td>[ ]</td>
<td>________________________________</td>
</tr>
<tr>
<td>Other allergies</td>
<td>[ ]</td>
<td>[ ]</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

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: _______________________

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Aquatic Activity Consent

For activities where being able to swim is essential

Consent does not remove the need for activity leaders to ascertain the level of the students’ swimming ability for themselves.

<table>
<thead>
<tr>
<th>Swimming ability</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child able to swim 50 metres?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child water confident in a pool?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child confident in deep water?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child able to tread water?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child able to survival float?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child confident in the sea or open inland water?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child safety-conscious in and around water?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Notes if required:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
**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: ____________________________