Education Outside of the Classroom Low Risk Day Trip Consent Form

Tēnā koutou,
This Education Outside of the Classroom (EOTC) form is to request consent for your child to participate in EOTC events which occur during the course of a school day, on-site or in the local area, and at a low risk level. Example events include visits to Jubilee Park, the Museum and the Art Gallery. These events will be managed according to the school's safety management procedures for such events. Information will be communicated about these events but your consent will not be requested. If you have any questions or concerns about your child's participation at any time please do not hesitate to contact the school.

Where an event involves risk exposure greater than what would typically be the case at school, such as any activity that involves water (not in the swimming pool), adventurous activities or hazardous environments, or the event continues overnight, specific consent will be required. At the time of our seeking any further consents, you will also be asked to update the health and contact information held by the school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up-to-date information, that is accurate and complete, to allow us to plan appropriately for EOTC.

Please ensure that student details such as health information and emergency contacts are kept up to date with the school office during the year.

Please ensure that all sections of this form are completed and included with your application.

If you have any questions, please contact the Main office at Trinity Catholic College.

Ngā mihi nui

Privacy Statement

The personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

Student Name: _____

Year of Entry: _____

Year Level: (please tick) Year 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

Medical and Support Consent

Should my child require pain management the school may administer pain relief, as indicated on their enrolment form.	◯ agree ◯ disagree
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.	◯ agree ◯ disagree
If my child has extra support needs, I have informed the school and have been involved in the individual support planning for this activity to be successful for my child.	◯ agree ◯ disagree
I will inform the school as soon as possible of any changes in medical or other circumstances that could affect my child taking part in EOTC activities.	◯ agree ◯ disagree
Any medical costs not covered by ACC or a community service card will be paid by me.	◯ agree ◯ disagree

Parent/Caregiver Consent

I agree to my child taking part in low risk day EOTC events. I acknowledge the need for them to behave responsibly.	◯ agree ◯ disagree
I have read the EOTC activities information above covered by the low risk consent, and I understand the specific risks associated with involvement in these.	◯ agree ◯ disagree
I understand that these risks cannot be completely eliminated.	◯ agree ◯ disagree
I understand the school will identify any foreseeable risks or hazards and implement effective management procedures to eliminate or minimise those risks.	◯ agree ◯ disagree
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.	◯ agree ◯ disagree
I understand that the school will encourage all students to participate to their full potential, and for some students a support plan will be implemented following discussion with whānau to achieve this.	◯ agree ◯ disagree
I understand that behaviour will be monitored and supports are put in place to promote the full participation of all students.	◯ agree ◯ disagree

I understand that my child will be involved in discussion of safety procedures. I will do my best to ensure that my child follows these procedures.	◯ agree ◯ disagree
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, they will be sent home at my expense.	◯ agree ◯ disagree
I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.	◯ agree ◯ disagree

Caregiver Signature: _____	Date:
Full Name of Caregiver: _____	