

# EDUCATION OUTSIDE THE CLASSROOM (EOTC)

## Blanket Consent form 2018

This EOTC form is to cover events which occur before school between 6.30am and 9.00am, during the course of the school day, afterschool from 3.30pm - 6.00pm. Possible events may include but are not limited to cultural practices, sports practices, dance and drama production rehearsals, course tutorials/workshops, and curriculum based learning experiences in the local community.

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consent you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all learners who will be participating in EOTC events (as described above). The details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events.

Please note that is crucial that learner details such as health information and emergency contacts are kept up to date with the Alfriston College school office during the year. The information we have on file must be accurate and complete, to allow us to plan appropriately for EOTC events.

*Privacy Statement:*

*Please note: the personal information collected on this form is for the purpose of running EOTC events and ensure health and safety of all involved. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information.*

**Learner Information**

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Whanau: \_\_\_\_\_

Address: \_\_\_\_\_

Learner email: \_\_\_\_\_ Learner cell phone: \_\_\_\_\_

**Medical Consent (tick all statements to indicate that you have read and agree)**

- In an emergency Alfriston College may act on my behalf.
- Alfriston College may administer pain relief.
- 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 Alfriston College as soon as possible of any changes in the medical or other circumstances involving my child.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered 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/she will be sent home at my expense.

Signed (by parent): .....

**Learner Contract (tick all statements to indicate that you have read and agree)**

To be read and signed by all participating learners.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
  - I realise that this requires me to take genuine responsibility for my own learning and the safety of myself and others.
- I agree to do the following to make this happen:
  - Accept the rules set by the school for any event, even if they are different from what is acceptable at home;
  - Show courtesy and consideration for others;
  - Follow the rules and instructions of staff and other supervisors;
  - Take part in all activities within challenge-by-choice options;
  - Look after myself and my personal belongings;
  - Declare medical conditions that could affect participation.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
  - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy;
  - My actions put me or others in danger.

Signed (by learner): ..... Date ...../...../.....

**Parental Consent (tick all statements to indicate that you have read and agree)**

- I agree to my child taking part in EOTC events and I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Alfriston College's EOTC events and that these risks cannot be completely eliminated.
- I understand Alfriston College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved, I am able to ask any questions of Alfriston College about the activities in which my child will be 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 Alfriston College 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.

Signed: ..... Date ...../...../.....

Full name of parent/caregiver .....

Address: .....

Email address: .....

Contact Number (Home): .....

Contact Number (Mobile): .....