



John Paul College  
ROTORUA | NEW ZEALAND

Dear Parents / Caregivers

John Paul College is currently reviewing its Education Outside the classroom processes and systems.

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 student's learning.
- We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. Our school values providing students with opportunities, and to enable these, they need to learn how to be safe.

Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your children to participate in such learning. We require you to fill out the following forms -

- Blanket Consent for EOTC (low risk environments)
- Student Health profile and medical consent
- Parental Consent, Emergency Contacts and Risk Disclosure
- Aquatic activity consent
- Student contract

The majority of EOTC trips within the school are to low risk environments, meaning the main advantage of this new system will be less duplication on low risk consent forms for every activity your son / daughter participates in at John Paul College.

All this information will be centralised on the school KAMAR system and means consents for low risk environments will be covered for the school year of 2016.

Any changes to your sons/daughters medical details during the year need e-mailed to nurse@jpc.school.nz.

Please return to your sons / daughters completed forms to their form teacher by the **Monday 4<sup>th</sup> April**

Kind Regards

Mark Chapman

EOTC Co-Ordinator



## Blanket Consent for EOTC

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. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They 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/ren 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:

Type of event	Description	Type of consent
<b>A</b>	On site- in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) <b>No consent</b> sought or <b>blanket consent</b> (ii) <b>Separate consent</b> for each event or programme
<b>B</b>	Off-site events in the local community occurring in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) <b>Blanket consent</b> (ii) <b>Separate consent</b> for each event or programme
<b>C</b>	Off-site events - finishing after school finishes (i) Lower risk environments (ii) Higher risk environments*	(i) <b>Blanket consent</b> (ii) <b>Separate consent</b> for each event or programme
<b>D</b>	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) <b>Separate consent</b> (ii) <b>Separate consent</b> for each event or programme

\*Involves risk assessed to be greater than that associated with the average family activity.

**All EOTC activity categories** require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

### BLANKET CONSENT

I/we agree to the participation of \_\_\_\_\_ In *lower risk* category **A** and **B** and **C**

EOTC events while a student at \_\_\_\_\_ John Paul College

I/we have provided the school with up to date medical, supervision and learning information through the consent form and will make every endeavour to keep this information current. Any changes throughout the calendar year I will contact the school nurse to update my consent / medical status – [nurse@jpc.school.nz](mailto:nurse@jpc.school.nz)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Parental Consent, Emergency Contacts and Risk Disclosure

School/group: \_\_\_\_\_

### Details of event:

Location: \_\_\_\_\_

Start date: \_\_\_\_\_ Time: \_\_\_\_\_

Finish date: \_\_\_\_\_ Time: \_\_\_\_\_

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### PARTICIPANT INFORMATION FORM

Please complete these details:

Name Student ID \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Year or class level \_\_\_\_\_ Age \_\_\_\_\_

Form Teacher \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Services Card number \_\_\_\_\_

Medic Alert number (if applicable) \_\_\_\_\_

**A COPY WILL BE RETAINED BY THE SCHOOL CONTACT.**

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

Contact 1: Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_



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Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Contact 2: Alternative contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

#### Parental Consent

I agree to my child/myself taking part in the low risk EOTC activities and have received sufficient information on which to base a decision. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

#### Acknowledgement 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 understand my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child follow these procedures.

I know that I am able to ask any questions of the school about the activities I/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 through a 'challenge by choice'\* procedure. My child and I both understand that I/they may withdraw from an activity if I/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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.



## 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 specify)	_____		
ADHD	<input type="checkbox"/>				

### For overnight events

Sleepwalking ☐ Bedwetting ☐

2. Are you/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 ☐

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:

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### 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 /your child's last tetanus injection? \_\_\_\_\_

6. Outline any dietary requirements:

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

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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

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9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes ☐ No ☐

If YES, please state or attach the information.

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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/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.
- ☐ 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, s/he will be sent home at my expense.

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

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Aquatic activity consent**  
**For activities where being able to swim is essential**

Swimming ability	Yes	No	Don't know
Is your child able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like \_\_\_\_\_ to take part in the low risk environments.

	Yes	No
I have received sufficient information about the event and agree to my child taking part in the activities.	<input type="checkbox"/>	<input type="checkbox"/>

I consent to any emergency treatment required by my child during the course of the event.	<input type="checkbox"/>	<input type="checkbox"/>
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I confirm that my child is in good health and I consider him/her fit to participate	<input type="checkbox"/>	<input type="checkbox"/>
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Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name of parent/caregiver \_\_\_\_\_





## Student contract

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Name \_\_\_\_\_

I understand that this 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 on genuine responsibility for my own learning and safety and that of others.

I agree to do the following to make this happen:

- Show courtesy and consideration to others;
- Follow the rules and instructions of activity leaders and assistants at the event, including travel to and from the event;
- Take part in all activities within challenge-by-choice\* options;
- Look after myself and my personal belongings;
- Declare medical conditions that could affect participation in the event;
- Accept the rules set by the school for the event, even if they are different from what is accepted at home.

I understand that my parents/caregivers will be contacted and I may be sent home at their expense if:

- My actions are considered unacceptable by staff;
- I breach the school drugs and alcohol policy
- My actions put me or others in any danger.

Signed \_\_\_\_\_ Date \_\_\_\_\_

\* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.