



**Education Outside the Classroom & Medical Blanket Consent Form**

This EOTC & Medical Form is to cover any events which might occur during the course of a school day throughout the year. These might include but are not limited to walks to local landmarks, walks to the local library/Town Hall, visits to other local schools in the area and trips to local sports grounds/facilities. You will still be informed before the trip/event takes place.

**Parental Consent Please tick boxes to approve**

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in the school's EOTC events and that these risks cannot be completely eliminated.
- I understand the school 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 the school 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 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.
- I give permission to use photographs of my child while taking part in various activities at school. These photos could appear on our website or on promotional material or other forms of media e.g. newspaper, TV etc.**

**To be read and discussed with all participating students.**

- I will ensure my child understands that any EOTC event is an opportunity for them to learn, practise skills and gain attitudes and values in an environment outside the classroom. They will realise that this requires them to take on genuine responsibility for their own learning and the safety and that of themselves and others.
- I will discuss with my child the expectation they will: Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities; Look after themselves and their personal belongings; Declare medical conditions that could affect participation in the event; and Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that I will be contacted and my child may be sent home at my expense if: Their actions are considered unacceptable by staff; or if their actions put themselves or others in any danger.

**Medical Consent Please tick boxes to approve**

- In an emergency the school may act on my behalf. ie calling for an ambulance, administering first aid, etc
- School may administer pain relief e.g. Panadol
- 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 for my child.
- I will inform the school as soon as possible of any changes in their medical conditions or other circumstances.
- If my child has a toileting accident e.g. soiling or wetting themselves at school, I give my permission for a teacher or teacher aide to change/clean them.
- 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): ..... Date ...../...../.....

(Full name of parent/caregiver) .....

Students Name.....

Mobile Number.....