



Wairoa College

EDUCATION OUTSIDE THE CLASSROOM (EOTC)

Blanket Consent Form

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 3.00pm and 8.00pm (Terms 1 - 4). Possible events may include but are not limited to cultural practices, sports practices, inter-school sport competitions, dance and drama rehearsals, course tutorials/workshops, and curriculum based learning experiences in the local and regional 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 Wairoa College.

It is important that this form is completed by all students 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 it is crucial that student's details such as health information and emergency contacts are kept up to date with the Wairoa 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 will not 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.

Student Information

First Name: _____	Surname: _____
Year: _____	Whanau Class: _____
Address: _____	
Student Email: _____	

Student Consent (Tick all statements to indicate that you have read and agree)

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and develop school 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 myself or others in danger

Signed (by student) _____

Date _____

Parent 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 Wairoa College's EOTC events and that these risks cannot be completely eliminated.
- I understand Wairoa College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I acknowledge that in order to gain a better understanding of the risks involved, I am able to ask questions of Wairoa 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 Wairoa 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 (Parent/Caregiver): _____ Date: _____

Full name of Parent/Caregiver: _____

Address: _____

Email Address: _____

Contact Number: _____