



PARENTAL CONSENT & RISK DISCLOSURE

~ EOTC G16 EVENTS ONLY ~



To be distributed with full details of the EOTC event.

It is important that this **Parental Consent and Risk Disclosure** (OSMS 5.91.5) form and a separate **Health Profile** ([OSMS 5.91.6](#)) form are completed by all adult and student participants in the EOTC event, to comply with school health and safety requirements.

The purpose of the forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC event.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the school by **Tuesday 17th May 2016**

School Group:	Maud Island Special	Location:	Maud Island Pelorus Sound
Event Details:	Group of ten senior students	Date/s:	Overnight 24/25 May 2016

PARTICIPANT INFORMATION FORM		
Name:	Year Level:	Age:
Address:		
Phone:	Cell:	
Community Services Card No:	Medic Alert No:	(If applicable)
Family Doctor:	Phone:	
Address:		

I have read information concerning the event and am satisfied (✓) with the following or require (?) more information. (Please mark as appropriate)

Trip Dates	Trip Itinerary	Equipment/Clothing List	First Aid Supervision	Transport /Travel Arrangements
Costs	Personnel	Emergency Provisions (radio/phone etc)	Food/Catering Arrangements	Other...

This form or a copy must be taken on the event. A copy should be retained by the school.

EMERGENCY CONTACT DETAILS (Please provide details for both emergency contacts)

1. Parent/Caregiver:	
Address:	
Day Phone:	Evening Phone:
Cell Phone:	Other:

2. Name:	
Relationship to participant:	
Address:	
Day Phone:	Evening Phone:
Cell Phone:	Other:

Parental Consent

I agree to my child/myself taking part in the EOTC event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgment of Risk

I have read the EOTC event information sheet/letter 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 that my child has been involved in the development of safety procedures. I will do my best to ensure that my child and I 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. My child and I both understand that I/they may withdraw from the 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.

In the event of accident or illness, I authorise the administering/obtaining of such medical assistance as may be required. I understand that a person qualified in first aid is accompanying the students.

I agree that my daughter/son should take part in such activities and necessary actions as directed by the staff and give permission for my child/ward to take part in the above EOTC event.

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

Signed:	Date:
Print Name:	

This form or a copy must be taken on the event. A copy should be retained by the school.