



Education Outside the Classroom (EOTC) and Sports Trips Permission

STUDENT'S NAME: Year Level 2019:

PARENT'S/GUARDIAN'S/CAREGIVER'S NAME:

CONTACT NUMBERS: DAYTIME : EVENING:

HOME ADDRESS:

Tick

- I give my daughter permission to attend low risk school trips during usual school time for the duration of 2019 (eg. sports trips, trip to Pukeariki, trip to Methanex Maths Spectacular, surveying public on Coastal Walkway, performing at a retirement home etc).
I give my daughter permission to attend all school sports trips undertaken in 2019.

- I agree that my daughter will abide by the following school rules while taking part in any trip.
Students are answerable to the staff/adults in charge at all times
Students are NOT permitted to leave the group by themselves
ALCOHOL, SMOKING, and DRUGS are strictly prohibited
Students will demonstrate the school values of Respect, Responsibility and Positive Relationships at all times.
I agree that my daughter should take part in the activities, allowing challenge by choice where appropriate and fulfil any duties as may be required by the staff/adults.
In the case of an emergency, I agree to the staff/adults in charge taking any action they see necessary for the well-being of my daughter. This may include transporting my daughter in a staff members or accompanying adult's car.
I authorise the staff/adults to arrange and administer, if necessary, any medical treatment for my daughter and agree to meet any costs incurred.
I understand that my daughter's personal property is not covered by any school insurance. Parents and caregivers are advised to check the status of their own insurance cover for them.
I agree that if my daughter does not abide by the rules laid down by the staff as the conditions of the trip, she will be returned to school or home by the earliest available transport and I will meet all expenses.

HEALTH DETAILS

Please provide details of any RELEVANT MEDICAL CONDITIONS and MEDICATION that staff/adults in charge should be aware of when taking your daughter on a trip (please complete this in addition to the Confidential Health Information Form):

RELEVANT HEALTH CONDITIONS:

RELEVANT MEDICATION:

Is your daughter a competent swimmer? (50m without stopping) circle YES NO

Student signature: Date:.....

Parent/Guardian/Caregiver signature: