

Parental Consent, Emergency Contacts and Risk Disclosure

Locations: Ahuroa / Steinlager / Central North Island

Start date:	Finish date:
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PARTICIPANT INFORMATION FORM

Please complete these details:

Student name:
Address:

Year:	Age:
House:	Housemaster:
Family Doctor Name:	Telephone:
Address:	

NHI Number:
Community Services Card Number:
Medic Alert Number <i>(if applicable)</i> :

THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT

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

Contact 1: Emergency Contact Name:	Relationship:
Address:	
Mobile:	Day/ Evening Phone:

Contact 2: Emergency Contact Name:	Relationship:
Address:	
Mobile/ Day Phone:	Mobile/ Evening Phone:

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

Full Risk Disclosure and Outdoor and Adventure Activities Consent Form

Our Board and Senior Leaders are committed to providing an environment where students receive a holistic education, while ensuring the health, safety and wellness of all students and staff, and the safety of all others who engage with the College. We believe that our students have vast potential and one of the aims of our Outdoor and Adventure Activities is to help them build confidence, face challenges and learn to take the calculated risks needed to achieve extraordinary things.

King's offers a range of adventure activities which, depending on the season, may include: bivi building, camping, bush walking, bush craft, winter or summer alpine walking, community service, cooking, sailing, canyoning, bridge jumping, coasteering, kayaking, river bugging, adventure based learning, white water rafting (rivers between grades 1 and 3), river safety, canoeing, caving, ropes course, orienteering, boogie boarding, snorkeling, abseiling, bridge swing, rock climbing, fixed structure activities, snow caving, basic alpine skills, confidence course, flying fox and shooting. These activities may make use of the coasts, rivers, lakes, harbours, caves, bush, offshore areas and the alpine environments of New Zealand.

It is important to understand that any adventure or outdoor activities presents health and safety risks. In the unlikely event of a serious incident, consequences could potentially include: serious injury or loss of life due to drowning, falling from heights or extreme weather and environmental conditions.

King's College works hard to ensure the health, safety and wellness of our students at all times. To achieve this goal during the provision of Outdoor and Adventure Activities our outdoor education team works in partnership with our Adventure Activity Operators to, as far as is reasonably practicable, ensure any foreseeable risks or hazards are identified and managed in the best possible way.

Our Ahuroa Venture Camp's outdoor education programme has been certified by Adventure Mark, a professional auditing body, to the requirements of the Safety Audit Standard for Adventure Activities, March 2017 and ISO 21001 Adventure Tourism Safety Management. This high standard of safety is achieved and maintained with comprehensive safety management systems and by ensuring that staff and instructors managing these activities are very experienced, competent, professionally trained and appropriately qualified.

Agreement and Consent

I agree to my child/myself taking part in the Education outside the Classroom (EOTC) / Adventure event and recognize that participation is voluntary, not mandatory. Participants choose their own level of challenge within a supportive peer environment. I/my child understands that they can withdraw but must organize this with the person in charge to ensure safety and to discuss and resolve concerns or problems.

I agree that my son's written evaluation of the journey, group stories, videos or photographs may be used in publications associated with the organizations. Publications may include newsletters, annual reports, websites, Facebook and in the media.

Acknowledgement of Risk

I understand that, even though the College maintains a high standard of safe management, these risks cannot be completely eliminated and, in the unlikely event of a serious incident or emergency situation, serious harm or even death could occur.

I understand that King's College and contracted Adventure Specialists:

- Are available to answer any questions I may have about any activities and associated risks
- Will, so far as is reasonably practicable, identify any foreseeable risks/ hazards and implement correct management procedures to eliminate, isolate or minimise those hazards
- Will brief my child/myself with the relevant safety procedures for all adventure activities and I will do my best to ensure that my child/I follow(s) these procedures
- Do not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance

I understand that there are risks associated with any involvement in a school EOTC event and that these risks cannot be completely eliminated.

River Rafting is an adventure activity with a degree of risk, which increases with the grade of rapids. Your son may be rafting rivers between grade 1 and 3. Participants should be aware that the commercial operator cannot guarantee your safety.

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.

Covid-19

I understand that if my son presents with any acute respiratory symptom/s with at least one of the following - new or worsening cough, sore throat, shortness of breath, coryza (head cold), anosmia (loss of smell), with or without fever and it does not attribute to a pre-existing condition, he will be isolated and returned home immediately, as per current COVID-19 case definition and Ministry of Health Guidelines.

Name:	Date:
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Signature **: _____

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

** I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

Health Profile and Medical Consent

This profile is designed to assist with the care of all participants during the program Please ensure that you provide clear and accurate information so that the staff can provide the best care for the student(s)

1. Please tick if you have any of the following:

Migraine	Epilepsy	Asthma
Diabetes	Travel sickness	Fits of any type
Chronic nose bleeds	Heart condition	Dizzy spells
Colour blindness	Autism/ ADHD	

Other (please specify) _____

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 *If YES, please complete or provide a health plan*

4. 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: _____

5. Are you allergic to any of the following (please specify):

	Y	N	Please Specify
Prescription medication			
Food			
Insect bites/stings			
Other allergies			

What treatment is required: _____

6. When was your child's last tetanus injection: _____

7. Outline any dietary requirements: _____

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

9. 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

10. 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 attach the information

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.

Name:	Date:
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Signature **: _____

** I agree that my electronic signature is the legally binding equivalent to my handwritten signature.

Student Contract

To be read and signed by all participating students

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.

Name:	Date:
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Signature **: _____

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

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Aquatic Activity Consent

For activities where being able to swim is essential

	YES	NO	DON'T KNOW
Is your child able to swim 50 metres?			
Is your child water confident in a pool?			
Is your child confident in deep water?			
Is your child able to tread water?			
Is your child able to survival float?			
Is your child confident in the sea or open inland water?			
Is your child safety conscious in and around water?			

I would like _____ to take part in the specified event

	YES	NO
I have received sufficient information about the event and agree to my child taking part in the activities.		
I consent to any emergency treatment required by my child during the course of the event.		
I confirm that my child is in good health and I consider him/her fit to participate.		

Name:	Date:
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Signature **: _____

** I agree that my electronic signature is the legally binding equivalent to my handwritten signature.