

ANNUAL UPDATE OF FAMILY INFORMATION AND CONSENTS 2021

CONTACT DETAILS

Please check the contact information (attached) that we currently hold for your child/children. Cross out if no longer applicable and update correct contact details below. Please ensure that we have at least 3 points of contact for your child/children.

Family name: _____ Date _____

Name(s) of child(ren): _____

1. Parent/caregiver: _____ Relationship _____
Address: _____ Postcode _____
Home phone: _____
Work phone: _____ Mobile phone: _____
Email address _____

2. First emergency local contact (eg, friend or family member):

Name _____ Relationship _____
Home phone: _____
Work phone: _____ Mobile phone: _____

3. Second emergency local contact (eg, friend or family member):

Name _____ Relationship _____
Home phone: _____
Work phone: _____ Mobile phone: _____

4. Doctor's name: _____ Phone: _____

5. Dentist's name: _____ Phone: _____

6. Community Services Card Number & Expiry: _____

PLEASE COMPLETE ALL PAGES AS FOLLOWS AND SIGN ALL CONSENTS

PHOTO CONSENT (PLEASE INDICATE YOUR LEVEL OF CONSENT)

TICK ONE	<input type="checkbox"/> I/We GRANT permission for photos/images that include our child/children without any other personal identifiers to be published on the school's website, Facebook page and/or other publications . (Please strike out media you do not grant permission for)
	<input type="checkbox"/> I/We GRANT permission for our child/children's photo/image and name to be published in the school's newsletter , on the school's website, Facebook page and/or other publications . (Please strike out media you do not grant permission for)
	<input type="checkbox"/> I/We DO NOT GRANT permission for any photo/image that includes our child/children to be published in any manner by the school.

PARENTS' HEALTH AND SAFETY INFORMATION

We ask parents and caregivers for their support in adhering to the following Health and Safety requirements, and encouraging children to also follow these requirements.

We request that all parents and caregivers who may participate in dropping off and picking up children, or helping at school, please sign and return the attached Health and Safety slip to show your support.

Health and Safety items which are considered to be relevant to parents are listed below.

1. Car Park Safety

The drop off zone is not a parking area. It is solely for dropping off and prompt pick ups. Where longer term parking is required a designated car parking space must be used. Children may not be dropped off in the middle of the car park or driveway. If parking on the far side of the car park, please walk around the car park, the car park may not be walked across by children at any time or adults during school drop off and pick up times. Where orange cones are placed across the car park or drive, that area may not be entered by a vehicle at that time.

2. Sign In / Out

When any parent/caregiver or visitor is visiting the school outside drop off and pick up times, the sign-in registry must be completed in the office. Any child being taken out of school at any time other than 3 pm must be signed out. Any child arriving late must be signed in.

3. Communicable Diseases

Any child diagnosed as having or displaying symptoms of a communicable disease may not attend school until a doctor's clearance is given. These diseases include, but are not limited to: Hepatitis A or B, measles, mumps, rubella, TB, whooping cough, chicken pox, influenza, ringworm, school sores or conjunctivitis.

4. Hazard Awareness

The following areas are deemed to be out of bounds for safety reasons:

The Hot-spot - in fenced area behind the children's playground, adjacent to car park

Under all buildings

Caretaker's cupboards and storage areas

Sports cupboards, unless teacher present

Kitchen is not accessible to junior or middle students unless supervised, seniors must follow safety guidelines, when allowed.

I have read and understood the above Health and Safety requirements, and agree to support the school in enforcing these requirements.

Signature

Date

Full name of parent/caregiver

HEALTH PROFILE AND MEDICAL CONSENT 2021

Name: _____ Medic Alert Number: (if applicable) _____

1. Please tick if your child have any of the following:

- | | | | | | |
|---------------------|--------------------------|------------------------|--------------------------|------------------|--------------------------|
| Migraine | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Travel sickness | <input type="checkbox"/> | Fits of any type | <input type="checkbox"/> |
| Chronic nose bleeds | <input type="checkbox"/> | Heart condition | <input type="checkbox"/> | Dizzy spells | <input type="checkbox"/> |
| Colour blindness | <input type="checkbox"/> | Other (Please specify) | _____ | | |
| ADHD | <input type="checkbox"/> | | | | |

For overnight events

Sleepwalking Bedwetting

2. Is 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 pick up a health plan form from the office

Has he/she 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:

4. Is he/she allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

What treatment is required? _____

5. When was your child's last tetanus injection? _____

6. Outline any dietary requirements:

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

Paracetamol YES / NO _____
Ibuprofen YES / NO If yes, please provide to office _____
Antihistamine YES / NO If yes, please provide to office _____

9. 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 state or 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 parent/caregiver of child participant.

Signature _____ **Date** _____

Full name of parent/caregiver _____

PARENT CONSENT FOR ACTIVITIES AWAY FROM SCHOOL 2021

Blanket Consent for EOTC

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to the beach, rivers, mountains, and the bush in our area and beyond. We are also close to various built environments in our community. These areas are rich learning environments for our students both in and out of school. They need to learn how to be safe. Our school also values the concept of providing students with opportunities. Thus some of the learning for students occurs beyond the school site and this document is seeking your consent for your child/ren to participate in such learning

The Ministry of Education's **EOTC guidelines** identify four EOTC activity types, each with recommended types of parental/caregiver consent. In brief they are:

Type of event	Description	Type of consent
A	On site- in the school grounds (i) Lower risk environments (ii) Higher risk environments*	(i) No consent sought or blanket consent (ii) Separate consent for each event or programme
B	Off-site events in the local community occurring in school time. (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
C	Off-site events - finishing after school finishes (i) Lower risk environments (ii) Higher risk environments*	(i) Blanket consent at enrolment. (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower risk environments (ii) Higher risk environments*	(i) Separate consent (ii) Separate consent for each event or programme

*Involves risk assessed to be greater than that associated with the average family activity.

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks. Emergency procedures are also in place.

BLANKET CONSENT

I/we agree to _____ Participating in *lower risk* category **A** and **B** and **C**

EOTC events while a student at Lake Taupo Christian School

I/we have provided the school with up to date medical, supervision and learning information through the enrolment form and will make every endeavour to keep this information current.

Acknowledgement of Risk

I acknowledge the need for my child to behave responsibly. 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 my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child 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 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.

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

In 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.

Signature _____ **Date** _____

Full name of parent/caregiver _____

SWIMMING ABILITY 2021

Name: _____

Aquatic activity consent For activities where being able to swim is essential

Consent does not remove the need for activity leaders to ascertain the level of the students' swimming ability for themselves.

Swimming ability	Yes	No	Don't know
Is your child able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I agree that my child may participate in local water activities such as at the AC baths, Taupo Hot Springs, or at the lakefront.

Yes

No

Signature _____ **Date** _____

Full name of parent/caregiver _____