

## CONSENT / INFORMATION FORM

PLEASE FILL IN ALL 4 PARTS AND RETURN TO THE OFFICE (ONE FORM PER CHILD)



### EDUCATION OUTSIDE THE CLASSROOM

Education Outside of the Classroom (EOTC) is part of our school curriculum. At Kapakapanui School we provide students with opportunities to explore and learn from the world around them through varied experiences in differing environments.

Low risk EOTC events can occur during the course of a school day, on-site, in the local area or nearby regions. Rather than a separate request being made for each of these events, the approval for all low risk activities is being sought with the consent below. These events will be managed according to the school's safety management procedures and Information will be communicated about these events through google forms and emails.

**I GIVE PERMISSION FOR MY CHILD** .....

(Please print name clearly)

to attend Low risk EOTC events during the course of a school day, on-site, in the local area or nearby regions.  
I understand that this approval is for the complete time my child attends Kapakapanui School.

**SIGNED:** ..... Parent / Caregiver

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**. Information will be communicated about these events and consent for your child to participate will be requested through google forms and emails.

### ONLINE PUBLICATIONS

I agree to the publications of my child's work and images in the following online and printed publications:

- \* School website
- \* School newsletters
- \* School Facebook/School Instagram

**SIGNED:** ..... Parent / Caregiver

### MEDICAL CONDITIONS

**CHILD'S NAME:** ..... **CLASS:** .....

Medical Conditions / Conditions we need to be wary of .....

.....

Actions you would like taken if we are concerned (Example: Asthma Plan) .....

.....

I give permission for first aid to be administered if required: Yes / No

**SIGNED:** ..... Parent / Caregiver

### PLEASE PROVIDE DETAILS OF PEOPLE AUTHORISED TO COLLECT YOUR CHILD IN CASE OF A CIVIL EMERGENCY

NAME: ..... PHONE NUMBER: .....

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