



# WAIMEA COLLEGE

## EOTC Acknowledgment of Risk

Education Outside the Classroom

### Blanket Consent for Education Outside the Classroom (EOTC)

I give permission for Waimea College to store the attached consent, contact, health and other personal information and make it available to trip leaders.

- I have provided the school with up to date medical and contact information through the blanket enrolment form. I acknowledge that it is my responsibility to inform the school regarding any change in the health and contact information and I will make every endeavour to keep this information current.
- I acknowledge that it is my responsibility to inform the trip leader/school of any relevant information that I have not included in the health and contact information.
- I acknowledge that for lower risk activities it is my responsibility to make sure that my son/daughter has the clothing recommended in the event letter and any personal medication.
- I will inform the trip leader or school if I am aware they have been in contact with any infectious diseases in the 4 weeks preceding any EOTC event.
- I will declare all medical or health conditions or swimming ability information that could affect my son/daughter's participation in the event and/or other circumstances that may be relevant between now and the commencement of any EOTC event.
- I agree to my son/daughter receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical or pharmacy costs not covered by ACC or a Community Services Card will be paid by me.

### General Acknowledgments

- I can confirm that my son/daughter is in good health and able to participate in these types of activities.
- I acknowledge that Waimea College may take and use photographs and movies from school EOTC trips for classroom lessons, school assemblies, digital and still displays, publicity material, media articles, the school website and social media (e.g. Facebook) pages. I give consent for any photographs/movies of my son/daughter to be used for such purposes by the school.
- I agree there is no place for alcohol, drugs, smoking or vaping on a school EOTC or sports event.
- I acknowledge the need for my son/daughter to behave responsibly.
- I acknowledge associated costs will be put on my son/daughter's account. I acknowledge that non-curriculum event costs (e.g. sports trips) must be paid for prior to the event unless alternative arrangements have been made with the Finance Centre in advance. I acknowledge that the school may be able to offer financial assistance. I understand I need to contact the school pre-event if I want to apply for this assistance.

## Acknowledgment of Risk

- I will read the EOTC event information letters and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. Depending on the activity, these risks may include minor and serious injuries / medical events resulting from: sports activities, transport, changing environmental conditions and other factors.
- I acknowledge the school will identify foreseeable risks and minimise them accordingly using good-practice guidelines. The issues are talked through with the students and a high level of compliance to instructions is expected from them. Risk of injury is reduced if students follow all rules and requests during these trips. I understand my child will be involved in the briefing of safety procedures and I will do my best to ensure that my child follows these procedures.
- I know that I am able to ask any questions of the school about the activities my child will be involved in to gain a better understanding of the risks involved. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that I may be contacted should my son/daughter act in a way considered unacceptable by staff, breach the school's smoking, vaping, drugs and alcohol policy, or put themselves or others in any danger. If my son/daughter is sent home, I understand that it will be at a time appropriate for staff.
- I acknowledge and agree that trip leaders, staff, managers, coaches and relevant accompanying adults along with relevant agencies/services who may be responsible for ongoing treatment or care of my son/daughter may have access to the contact and medical information we have on record.
- 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.