



This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. 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.

It is important that this form is completed at the start of the year for all new students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please ensure that all sections of this form are completed and it is returned to the your form teacher by 20th February

Student Name	
Address	
Student E-mail	
Student Cell Phone	
Date	

<p>1 Please tick if your child has any of the following</p> <p><input type="checkbox"/> 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 Conditions <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Colour Blindness <input type="checkbox"/> ADHD or ADD <input type="checkbox"/> Other – Please specify</p> <p>2 Medical Alert Number <i>(if applicable)</i></p> <p>3 Date of last tetanus injection?</p> <p>Immunisations up to date?</p> <p>Yes No <i>(please circle as appropriate)</i></p>	<p>4 Is your child currently taking medication?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please state ailment/s</p> <p>Name of medication/s</p> <p>Dosage & time/s to taken</p> <p>Other treatment</p> <p>Authorisation granted to be given: <i>(please circle which and the dosage)</i></p> <p>Panadol 1 or 2</p> <p>Ibuprofen 1 or 2</p> <p>5 Has your child 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?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p>	<p>6 Is your child allergic to any of the following?</p> <p>Prescription medication</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>Food</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>Other allergies</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>Treatment required?</p> <p>7 Outline any dietary requirements?</p>	<p>8 What pain/flu medication may your child be given if necessary?</p> <p>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – <i>please give brief details</i></p> <p>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – <i>please give brief details</i></p>
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Please take time to update health information with the school office if there are any changes during the year.



SWIMMING CONSENT

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

• Is your child able to swim 50 metres?	Yes	No	Don't know
• Is your child water confident in a pool?	Yes	No	Don't know
• Is your child confident in deep water?	Yes	No	Don't know
• Is your child able to tread water?	Yes	No	Don't know
• Is your child able to survival float?	Yes	No	Don't know
• Is your child confident in the sea or in open inland water?	Yes	No	Don't know
• Is your child safety conscious in and around water?	Yes	No	Don't know

MEDICAL CONSENT

- In an emergency school may act on my behalf
- School may administer pain relief
- 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 JPCI 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 receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered 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 involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Parent/Guardian Signature

STUDENT CONTRACT

To be read and signed by all participating students.

- I understand that any EOTC 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 the safety and that of myself and others.
- I agree to do the following to make this happen:
- Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any 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 any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
- My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Student Signature

PARENTAL CONSENT

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in John Paul College's EOTC events and that these risks cannot be completely eliminated.
- I understand John Paul College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of John Paul College about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that John Paul College does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Parent/Guardian Name

Signature