



Kia ora Whānau,

Education Outside the Classroom (EOTC) Generic Permission Form

We ask that all parents/caregivers complete the following generic permission form for your child/children to participate in lower level Level 1 & 2 EOTC events while they attend Te Kāpehu Whetu. The purpose of this generic permission form is to save time and resource costs when students participate in low risk events. You will still be given an information sheet (e.g. costs, dates, activities etc.) by the Teacher in Charge (TIC) and you still have the right to withdraw your permission at any time by contacting the EOTC Co-ordinator (Pouwhakaako Chris McKay) or the Teacher in Charge of the event.

LEVEL	DEFINITION	EXAMPLE EVENTS	CONSENT ETC. REQUIRED
1	On site (within kura)	<ul style="list-style-type: none"> Physical education classes Practical lessons outside class Athletics Day Inter-house Competitions Traditional Hāngi activities 	<ul style="list-style-type: none"> Curriculum events need approval of Pouwhakahaere Sports and House events need approval of Senior Leadership Team Parent/Guardian blanket consent gained on submission of this form
2	Off site events occurring entirely during school time or finishing by approx. 6pm (includes afternoon sport and teams involved in volleyball, basketball, touch, waka ama etc.)	<ul style="list-style-type: none"> Sports exchanges Monday night volleyball Friday night basketball Weekend netball Twilight cricket School trips to museums, galleries, supervised centres etc. Music performances Marae visits Math & other academic competitions WAKA AMA 	<ul style="list-style-type: none"> All events where students need to leave the school grounds during class time need Senior Leadership Team (SLT) approval via an EOTC form After school events require Senior Leadership Team (SLT) approval Parent/Guardian blanket consent gained on submission of this form

Name of Child/ren: _____

Name of Parent/Caregiver: _____

Signed: _____ Date: _____

STUDENT HEALTH RECORD

The information collected on this form is to assist in the case of accident or emergency, or to assess any special need the Student may have – please complete in full. This information will be stored securely on the Student's file along with a full register of illness and health complaints treated. Access is limited to the Kura Hourua's Health Professional or, on request, to the parents/legal guardian and the Student himself.

If considered necessary, for safety, a limited version may be distributed to staff members immediately responsible for the Student e.g. Physical Education staff.

Student's Family Name: _____ Given Name: _____ DOB: _____

Home Address: _____ Home Phone: _____

Parent / Legal Guardian: _____ Alternate: _____

Day Contact Phone Number: 1: _____ 2: _____

Extra Contact: Name _____ Phone: _____

Family Doctor's Name: _____ Phone: _____

Dentist's Name : _____ Phone: _____

Has this STUDENT ever suffered from (tick all applicable):

- | | |
|--|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Arthritis and/or Scoliosis |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Glandular Fever |
| <input type="checkbox"/> Chicken-pox | <input type="checkbox"/> Haemophyllia |
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines\Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Allergy |
| <input type="checkbox"/> Eating Disorder | |

If yes to any of the above, list current medication or treatment required below:

Consent for administration of Non Prescription medication by Te Kura Hourua o Whangarei Terenga Paraoa staff.
--

IN CASE OF ACCIDENT AND EMERGENCY

In case of an accident or emergency and we cannot contact you, or if the accident is serious, we may decide to take your child to A&E, or to the Doctor.

I give permission for Te Kura Hourua o Whangarei Terenga Paraoa to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred.

I confirm that the above information is correct and give my permission with regard to the Student named above, and as and when required for:

- a. Kura Hourua Staff or registered health professionals engaged by the Kura Hourua to administer the above medications without contacting me prior to their use in the treatment of illness;
- b. Trained Kura Hourua staff and /or St John Ambulance staff and/or Rescue Helicopter staff as may be required to provide emergency transport/first aid;
- c. Qualified medical practitioners and other health professionals in a clinical or hospital capacity to provide appropriate emergency treatment.

Parent / Legal Guardian:_____

Signature:_____ Date:_____

Education Outside the Classroom (EOTC) Generic Permission Form