

CAMP CONSENT AND MEDICAL FORM

STUDENTS NAME: _____ **DATE OF BIRTH:** ___/___/___ **ROOM:** _____

I give permission for my child to take part in the outdoor education programme at Tokoroa North School's camp.

- * I agree that she/he should take part in the activities and duties requested by the staff.
- * I understand that there are risks associated with involvement in school EOTC (Education Outside The Classroom) events and that these risks cannot be completely eliminated.
- * I acknowledge the need for my child to behave responsibly.
- * To the best of my knowledge she/he has no medical or physical disabilities likely to prove harmful to her/him or others during the camp.

Signature of Parent/Caregiver: _____

Address: _____



TELEPHONE NUMBERS:

Home: _____ Cellphone: _____

Caregiver 1(work): _____ Caregiver 2 (work): _____

EMERGENCY NUMBERS (If we can't contact you, who else could we contact)

Name: _____ Phone: _____

HEALTH:

Doctor's name/Medical Centre: _____ Phone: _____

Please note down any known health problems which may affect your child at camp (e.g. asthma, bed wetting, sleep walking, allergies - food, beestings).

Problem(s) _____

Treatment _____

Medication _____

Religious needs: _____

Food requirements: _____

NOTE: All medication sent should be labelled with the owner's name and the dosage, and handed in to the teacher in charge.

Tetanus injections received: _____ **Yes / No** _____ **Approximate Date:** ___/___/___

I give permission for my child to have Panadol if deemed necessary by staff. Signed: _____

I give permission for my child to have Rescue Remedy (homeopathic calmative). Signed: _____

I give my child permission to travel by car, if needed, while at camp. Signed: _____

**PLEASE PLACE THIS COMPLETED FORM IN A SEALED ENVELOPE AND RETURN TO SCHOOL
BY THURSDAY 23RD FEBRUARY**