

Sacred Heart Girls' College Manawa Tapu

Education Outside the Classroom (EOTC) and Sports Trips Permission					
STU	UDENT'S NAME:	Year Level:			
PAI	RENT'S/GUARDIAN'S/CAREGIVER'S NAME:				
CO	NTACT NUMBERS: DAYTIME:	EVENING:			
НО	OME ADDRESS:				
sch * T visi * V mo * T * T * V be * T	hool time. This includes sports trips, class trips, Literary challe sits etc We understand we will still be informed about al ode of transport, cost and offers of parent help. These types of trips will take place within the enverse transportation will be low risk, and may involve the understand that we may be able to withdraw a done in consultation with the teacher in charge	ravel by foot, car, bus or school van. our daughter from the activity if they feel at risk. This mus			
	 Students will demonstrate the s I agree that my daughter should take part in the and fulfil any duties as may be required by the s In the case of an emergency, I agree to the staff the well-being of my daughter. This may include accompanying adult's car. I authorise the staff\adults to arrange and admi and agree to meet any costs incurred. I understand that my daughter's personal proper caregivers are advised to check the status of the 	leave the group by themselves and DRUGS are strictly prohibited achool values of Ako, Manaakitanga, and Wahine Toa always. activities, allowing challenge by choice where appropriate taff/adults. //adults in change taking any action they see necessary for the transporting my daughter in a staff member's or mister, if necessary, any medical treatment for my daughter erty is not covered by any school insurance. Parents and			
	 I agree that if my daughter does not abide by the mentioned above and in the general information 	n letters, she will be returned to school or home by the			

Student responsibilities:

earliest available transport and I will meet all expenses.

- Understand that any EOTC event is an opportunity for me to learn, practice skills and build attitudes and values in an environment outside of the classroom.
- Agree to show courtesy and consideration for others. Follow rules and instructions of staff and other supervisors.
- Understand that my parents may be contacted, and I may be sent home at their expense if my actions are considered unacceptable.

Student signature:	Date:			
Parent/Guardian/Caregiver signature:				

HEALTH DETAILS

STUDENT'S NAME:							
Please provide details of any RELEVANT MEDICAL CONDITIONS and MEDICATION that staff/adults in charge should be aware of when taking your daughter on a low-risk EOTC trip.							
<u>Privacy Statement:</u> The personal information being collected on this form is for the purpose of running SHGC EOTC events. It will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It will not be used or disclosed for any other purposes except in accordance with the Privacy Act 1993. You have the right under that act to access and seek correction of the information from the school.							
If these details change at any time, it is your responsibility to ensure the school is informed. (Please complete this in addition to the Confidential Health Information Form completed at enrollment):							
RELEVANT HEALTH CONDITIONS:							
RELEVANT MEDICATION:							
Is your child safety conscious in and around water?	circle	YES	NO				
Is your daughter a competent swimmer? (50m without stopping)	circle	YES	NO				
Is there any other information Sacred Heart should be aware of?		YES	NO				