



CONSENT FORM FOR EDUCATION OUTSIDE THE CLASSROOM (EOTC)

Student's Name:

I/we give permission for to take part in any or all of the following
(Student name)
type of activities listed below:

	Yes	No
Curriculum Related Trips		
Sports Exchanges		
Sports Teams		
Non Sporting Extra Curricular activities e.g: stage, musical, debating, social activities etc		
School Camps / Activities		
'High Risk' activities e.g: OPC, sailing, high ropes, tramping etc		
Activities for which payment must be met		

I/we give permission for to travel by the means of transportation
(Student name)
agreed below.

	Yes	No	Yes	No
Contracted Bus			Staff Car	
School Van			Parent Car	
Student Car				

(All drivers will hold a Full Drivers Licence, compliant with school policy and be fully insured with a comprehensive insurance policy.)

Any other transport criteria about which you wish to make specific comment:

- I/we understand that while on a school trip/activity my child/ward is expected to follow all instructions given by members of staff/accompanying adults. Failure to do so may result him/her being sent home at my/our expense. I understand that if an accident should occur as a result of my child failing to follow instructions then I/we will not hold the school/person in charge responsible.
- I understand that the school cannot accept responsibility for loss of personal property by whatever means, whilst on a school trip.
- I UNDERSTAND THAT SHOULD ANY INFORMATION OR PERMISSION contained here change in any way that it is my/our responsibility to inform Otamatea High School immediately. A copy of this form will be held by the Teacher in Charge leading an activity and therefore, it will be the first point of reference in the event of an incident. I understand, therefore, that it is of the utmost important that the information held by the school is up to date and accurate.
- In case of emergency I/we give the Teacher in Charge authority to obtain medical assistance as required and agree to meet any costs which may be incurred. Yes No
- Please note any dietary requirements/allergies.....
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Caregiver Name: Signature: Date: