

EVENT NAME (AQUATIC)

Tēnā koutou/kia orana/bula/nei hou/namaste,

This consent form is required for [EVENT NAME] on [EVENT DATE]. Please ensure that all sections of this form are completed and it is returned by [CONSENT DUE DATE].

If you have any questions, please contact me via the information below

Regards,

Staff Member

staff.member@ourschool.nz

07 555 -3698

Privacy Statement

The personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

Ākonga Information

Ākonga Name	Ākonga Current School Year
Address	
Caregiver Email Address	Caregiver Mobile Phone
Ākonga Email Address:	Ākonga Mobile Phone

Water competence for activities on, in or around water (please tick those that apply)

☐ My child is a non-swimmer (unable to float or move themselves through water)	
My child can confidently and competently swim 25 metres	☐ Applies to my Child
My child can confidently and competently swim 50 metres	☐ Applies to my Child
My child can confidently and competently swim 200+ metres	☐ Applies to my Child
My child is confident in deep water	☐ Applies to my Child
My child is able to tread water for 2-3 minutes	☐ Applies to my Child
My child is able to survival float on their back for 2-3 minutes	☐ Applies to my Child
My child is safety conscious in and around water	☐ Applies to my Child
Any other relevant information we should know about your child's water competence or swimming ability:	
Providing the above information does not remove the need for group leaders to ascertain for themselves the level of the student's swimming/water competence ability.	

Medical and Support Consent

Should my child require pain management the school may administer pain relief, as indicated on their enrolment form.	☐ agree ☐ disagree
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.	☐ agree ☐ disagree
If my child has extra support needs, I have informed the school and have been involved in the individual support planning for this activity to be successful for my child.	☐ agree ☐ disagree
I will inform the school as soon as possible of any changes in the medical or other circumstances.	☐ agree ☐ disagree
Any medical costs not covered by ACC or a community service card will be paid by me	☐ agree ☐ disagree

Parent/Caregiver Consent

I agree to my child taking part in this EOTC event and have received sufficient information on which to base a decision.	☐ agree ☐ disagree
I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly	☐ agree ☐ disagree

I have updated (where necessary) my child's health information held by the school.	☐ agree ☐ disagree
I have updated (where necessary) my child's water competence.	☐ agree ☐ disagree

Acknowledgement of Risk

I understand that the school will identify any reasonable foreseeable risks and hazards, and implement effective management procedures to eliminate or minimise these.	☐ agree ☐ disagree
I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved.	☐ agree ☐ disagree
I understand that the school will encourage all ākonga to participate to their full potential, and for some ākonga a support plan will be implemented following discussion with whānau to achieve this.	☐ agree ☐ disagree
I understand that behaviour will be monitored and support strategies will be put in place to promote the full participation of all ākonga.	☐ agree ☐ disagree
I understand my child has been involved in the development of safety procedures and I will do my best to ensure that my child follows these procedures.	☐ agree ☐ disagree
My child and I both understand that they may withdraw from an activity if they feel unsafe. This must be done in consultation with the person in charge.	☐ agree ☐ disagree
I understand that if my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, they will be sent home at my expense.	☐ agree ☐ disagree
I understand that the school 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.	☐ agree ☐ disagree

Caregiver Signature	Date
Full Name of Caregiver	