

**GLENDOWIE COLLEGE EOTC EVENT**

Dear Parent/Caregiver

Glendowie College is holding the annual **Wider Living Days** for Year 9 students on Thursday 7th December and Friday 8th December. Students may wear mufti on each of these days and please refer to the information below on what to bring each day. Students need to arrive at school and meet in the hall at 8.40am. We plan to return back to school by 3.20pm.

Thursday 7th December Waiwera	Friday 8th Decemeber Silverdale Adventure Park
The students will spend the day at Waiwera	Students will spend the day on the rides and activities at Silverdale Adventure Park
<u>Students will need:</u> Lunch and drink Togs/swimwear, towel, sunscreen, hat and sunglasses Comfortable and appropriate clothing and footwear No valuables! The school cannot be held responsible for mobile phones, wallets, jewellery, cameras etc.	<u>Students will need:</u> Lunch and Drink Sunscreen, hat and sunglasses Comfortable and appropriate clothing and footwear No valuables! The school cannot be held responsible for mobile phones, wallets, jewellery, cameras etc.

PAYMENTS

There is a cost of **\$60** that covers both days. This amount pays for transport costs to and from the locations and the cost of the entry to Waiwera and Silverdale Adventure Park. Should a student attend only on a single day the activity fee is **\$30**. There are **no full refunds** if your child is absent on one of the days.

Completed forms and payments are due by Wednesday 22nd November. Please hand back the forms to your form teacher.

Preferred Payment Option:

Pay directly online into the school's account - ASB St Heliers 12 3027 0364377 00

Label as: Child's name - "WLDYR9" e.g. P Brown WLDYR9

Alternatively fees are payable to the School Accounts Office in cash, by EFTPOS and by visa.

If instalment payments are required, please contact Mrs Hyde in the Accounts Office (hyd@gdc.school.nz, 5759128 ext 117

Any concerns regarding attendance or payment, please contact your child's form teacher in the first instance (575 - 9128 or via the email address below).

9BTC	Mr Jonathan Batchelar	btc@gdc.school.nz
9HAW	Mr Norman Hawcroft	haw@gdc.school.nz
9HCK	Ms Sheridan Hancock	hck@gdc.school.nz
9HEN	Mrs Willa Henvest	hen@gdc.school.nz
9JON	Ms Philippa Jones	jon@gdc.school.nz
9MST	Mrs Shelley Masters	mst@gdc.school.nz
9PVN	Mr Mike Pavarno	pvn@gdc.school.nz
9SMK	Mrs Ruth Richardson	rdc@gdc.school.nz

AS THESE DAYS ARE NORMAL SCHOOL DAYS, IT IS THE SCHOOL'S EXPECTATION THAT ALL YEAR 9 STUDENTS ATTEND BOTH DAYS.



STUDENT INFORMATION

Name:

Form Class:

Emergency Contact (name):

Emergency Contact (no):

Doctor:

Student Cell Phone:

HEALTH PROFILE

<p>1 Please tick if your child has any of the following</p> <input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Fits of any type <input type="checkbox"/> Chronic nose bleeds <input type="checkbox"/> Heart Condition <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Colour Blindness <input type="checkbox"/> Other – Please specify <p>2 Medical Alert Number (if applicable)</p> <p>3 Date of last tetanus injection?/...../.....</p>	<p>4 Is your child currently taking medication?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Please state ailment/s Name of medication/s Dosage & time/s to be taken Other treatment <p>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify	<p>6 Is your child allergic to any of the following?</p> <p>Prescription medication</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify <p>Food</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify <p>Insect bites/stings</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify <p>Other allergies</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify <p>Treatment required?</p> <p>7 Outline any dietary requirements?</p>	<p>8 What pain/flu medication may your child be given if necessary?</p> <p>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details <p>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details <p>PLEASE SPECIFY IF YOU WOULD LIKE US TO CONTACT YOU TO FORMULATE A TREATMENT PLAN.</p> <input type="checkbox"/> No <input type="checkbox"/> Yes
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Please take time to update health information with the school office if there are any changes during the year.

SWIMMING CONSENT

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student’s swimming ability.

Swimming ability

- | | | | |
|---|-----|----|------------|
| • Is your child able to swim 50 metres? | Yes | No | Don't know |
| • Is your child water confident in a pool? | Yes | No | Don't know |
| • Is your child confident in deep water? | Yes | No | Don't know |
| • Is your child able to tread water? | Yes | No | Don't know |
| • Is your child able to survival float? | Yes | No | Don't know |
| • Is your child confident in the sea or in open inland water? | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Signed:

MEDICAL CONSENT

- In an emergency school may act on my behalf
- School may administer pain relief
- 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.
- I will inform Glendowie College as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.



EOTC 2: Information, Consent, Health, Expectations.

- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.

Signed:

STUDENT CONTRACT

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
 - I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- I agree to do the following to make this happen:
 - Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
 - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; my actions put me or others in any danger.

Signed (by student): Date/...../.....

PARENTAL CONSENT

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in Glendowie College’s EOTC events and that these risks cannot be completely eliminated.
- I understand Glendowie College will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of Glendowie College about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that Glendowie College 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.

Signed: Date/...../.....

(Full name of parent/Caregiver).....