

**EQUIP 17- STUDENT LEADERSHIP CONFERENCE  
KINGSWAY SCHOOL, OREWA  
5 - 7 JULY 2107**

10/04/17

Dear Parents/caregivers,

EQUIP17-Student Leadership Conference at Kingsway School, Orewa, is taking place from Wednesday 5 July to Friday 7 July. We have the wonderful opportunity to send 50 students from Year 13.

The focus of the conference is to encourage, inspire, challenge and bless the students in their role as servant leaders in our schools and local communities. This is a fantastic leadership opportunity for our students to network with students from other Christian schools including Kingsway, Bethlehem, Middleton Grange, Hebron, Lake Taupo, Abundant Life, City Impact, Immanuel, Hastings, Kaikohe, Rangiora New Life and Pacific Hills (Sydney) Christian Colleges.

The event will include praise and worship and top quality guest speakers with accompanying workshops to complement the keynote sessions. One of the highlights will be a conference dinner/dance (semi-formal) on Thursday night. There will also be team-building activities as well as great food and prizes! Our students will be billeted with families from Kingsway School on the Wednesday and Thursday nights.

We will depart from Elim at **5.00pm on Wednesday 5 July** and return at **approximately 4.00pm on Friday 7 July**. Students will wear mufti. The cost of the conference is \$155 per student of which our school is subsidising \$25. **The cost to the students will be \$130 per student.**

Please return permission slip and medical form with payment **by Wednesday 3 May**.  
**We have been allocated 50 tickets, so please be aware that acceptance will be on first in.**

Kind regards

Mrs Mandy Heim  
Senior Girls Dean  
PH: 09-9512379

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Elim Christian College  
Equip 17 Student Leadership Conference 2017 at Kingsway

I give / do not give permission for \_\_\_\_\_ (name of student) to attend the Equip 17 Student Leadership Conference on 5-7 July 2017.

- I agree that he/she should take part in such activities and such necessary duties as may be required by staff.
- I understand that the school will not accept responsibility for loss or damage of personal property.
- Should he/she be involved in a serious disciplinary problem that would put themselves and/or others at risk, I accept that he/she may be sent home at my expense.

Parent/Guardian Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ **Enclosed: \$130.00** Yes **Medical Forms: Yes**

**Please return by Wednesday 3 May 2017**

**Accepted (Office use only)** ☐

## Elim Christian College EOTC Medical Report Form

<b>Event:</b>	Equip 17 – Student Leadership Conference 2017
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**Name of Student**..... **Date of Birth** .....

Please understand this is a requirement for the school and must be done for all trips outside of the school. Thank you for your time, your child will benefit from it.

(1) Is your child presently taking tablets and /or medicine

**Yes / No**

If yes please state the name of the medication and the dosage.

.....

(2) Has your son/daughter been on any medication during the last month?

**Yes / No**

If yes please state the name of the medication and the dosage.....

.....

(3) Please tick if your child suffers any of the following

☐ Dizzy Spells

☐ Heart Condition

☐ Asthma

☐ Blackouts

☐ Migraine

☐ Other

☐ Diabetes

☐ Fits of any kind

(4) Allergies to

☐ Penicillin

☐ Any Food

☐ Medication

☐ Other / including environmental e.g. sprays, plants, bees/wasps etc.

Specify: .....

.....

What special care / treatment is recommended?

.....

.....

.....

(5) Last Tetanus immunisation was (date): .....Do you give permission for your son/daughter to be given a tetanus injection if the doctor recommends it? **Yes / No**

Parent/Caregiver Signature..... Date: .....

**MEDICAL CONTACT**

Name of Doctor .....

Address ..... Telephone .....

**EMERGENCY CONTACT**

Name ..... Home Ph. ....

Address ..... Work Ph. ....

**CARE GIVER CONTACT**

Name ..... Home Ph. ....

Address ..... Work Ph. ....

Contact Phone Number for the Day .....

**PLEASE NOTE:** The Staff of Elim Christian College have taken all practical steps to identify hazards and minimize risk on this EOTC activity. All adults involved have been informed and prepared for their supervisory role. All reasonable steps have been taken to manage this activity safely and responsibly

**LIABILITY RELEASE**

I release Elim Christian College, its agents, employees and volunteer assistants from any liability whatsoever arising out of an injury, damage or loss which may be sustained by my child during the course of his/her involvement with the Elim Christian College Outdoor Education programme.

Student's full name \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission Form

STUDENT'S NAME: \_\_\_\_\_ Form Class: \_\_\_\_\_

I give permission for my child: \_\_\_\_\_ to  
attend the:

Event:	Equip 17 – Student Leadership Conference 2017
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I agree that my child should take part in such activities and such necessary duties as may be required by staff.

- I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy).
- I authorise the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.

Additional Information that you wish the school to know

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Signed:		Date	
Full name of parent/caregiver			