

24 June 2019

Dear Parents/Caregivers

ROTORUA TRIP PERMISSION SLIP

Your child has been selected to participate in the Year 13 Geography Trip to Rotorua

DATE: Wednesday 25th September to Friday 27th September

TIME: 7.30am departure

VENUE: Keswick Christian Camp Rotorua and various tourist attractions

COST: \$350.00

TRANSPORT: 49 seat coach and 11 seat school van

BRING: Warm clothing, your own bedding and towels, eating utensils, plates and cups, water bottles, footwear, toiletries, camera, torch, spending money

Yours sincerely

Darron Gedge

(Y13 Geography Teacher)

YEAR 13 ROTORUA TRIP PERMISSION SLIP

STUDENT NAME: _____ **CLASS:** _____

I give permission for my son / daughter to attend the Year 13 Rotorua trip on **25th to 27th September**

I give permission for my child to swim: Yes / No (please circle)

My child is confident in the water and can comfortably swim:

Not confident 25m 50m 100m (please circle)

Parent / Guardian name: _____

Signature: _____

Phone number: _____

USE ONLY FOR OVERNIGHT TRIPS
Elim Christian College EOTC Medical Report Form

Event:	Year 13 Geography Trip Rotorua 2019
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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.

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(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**

(6) I give permission for my child to swim: **Yes / No**

My child is confident in the water and can comfortably swim:
 Not confident 25m 50m 100m (please circle)

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.

Event:	Year 13 Geography Trip to Rotorua 2019
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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 _____

Student's full name _____

Parent's signature _____ Date _____