

17th September 2018

Dear Parents / Whanau / Caregivers

**Year 9 Camp Permission Form – Camp Adair, Hunua Ranges,
November 14-16 2018**

With the introduction of our Middle Years programme at Elim Christian College, we are in the process of reflecting and reviewing our Outdoor Education programme. Term 1 of this year saw the year 7 and 10 students attend camp, which was a change from previous years. The key focus of this camp was to build relationship and grow leadership.

We have reflected on the inaugural middle years' concept; we see huge benefit in growing the leadership of our year 9 students to prepare them to lead the Middle Years at the Golflands Campus in 2019. As a result of this review process, a booking has been secured for a Year 9 camp, after their exams in Term 4. This will be in place of a Year 10 camp in Term 1 of 2019.

When: Wednesday 14th November – Friday 16th November 2018

Where: Camp Adair, 2487 Hunua Rd, Hunua 2583

Who: Year 9 students

What to bring: Gear list to come

Cost: \$230

The programme is still being finalised but activities could include Archery, Climbing Wall, Confidence Course, Crate Challenge, Flying Kiwi, High Ropes, Initiatives (Team Problem Solving), Orienteering, Mud Slide, Raft Building, Burma Trail and Camp Fire. If you wish to know more about these activities please contact me (wendy.vandeworp@elim.school.nz).

Please complete the attached permission forms and return them to school as soon as possible. There are additional forms that are required by Camp Adair as well as our School forms.

Monies for camp are required by Friday 2 November 2018. You will be invoiced via the Kamar portal and online payment is preferred. Please do not hesitate to contact me if you have any concerns around payment.

Thank you in advance for your support of our Year 9 Camp.

Yours sincerely

Mrs Wendy van de Worp
Middle Years Lead
wendy.vandeworp@elim.school.nz

Yr 9 CAMP PERMISSION FORM

STUDENT'S NAME: _____ Class: _____

I give permission for my son / daughter _____
to attend the School Camp at Camp Adair on Wednesday 14th November – Friday 16th
November 2018.

- 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 (check own household policy).
- I authorise the obtaining on my behalf of any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.

(Please circle)

- Are you happy for your son/daughter to go kayaking? YES / NO
- Are you happy for your child to go abseiling? YES / NO

Signature of Parent/Caregiver: _____ Date: _____

Phone Number: Home _____ Work _____



Elim Christian College EOTC MEDICAL REPORT FORM

(Overnight Stays or Camps)

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.

.....
All medicines must be handed to teacher-in-charge prior to leaving, with your child's name, the dose to be given and when it should be taken. ***Please do not allow children to be in possession of any medicine whilst on the trip.***

- (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
- | | | |
|---------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fits of any kind | |

- (4) Allergies to
- | | | |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Any Food | <input type="checkbox"/> Medication |
| <input type="checkbox"/> Other / including environmental e.g. sprays, plants etc. | | |

Specify:

.....

What special care / treatment is recommended?

.....

.....

- (5) Last Tetanus immunisation was 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 _____

Participant/ Supervisor Information

Name of Group

Dates of Camp

PERSONAL DETAILS

First Name

Surname Name

Address

Phone:

PARENT/CAREGIVERS/NEXT OF KIN

Name

Address

HEALTH INFORMATION

The following information is requested in order to safely manage participants.

Doctor's Name:

Town:

Phone:

Do you have any particular dietary needs? ☐ NO ☐ YES

Are you confident in water? ☐ NO ☐ YES

Do you have a severe fear of heights ☐ NO ☐ YES

Is your tetanus inoculation current? ☐ NO ☐ YES

Have you had any contact with contagious diseases
(e.g. hepatitis, HIV) that we should be aware of?

☐ NO ☐ YES

Do you require any regular medication? ☐ NO ☐ YES

Are you allergic to any medication, food, insects etc.
☐ NO ☐ YES

Do you have, or have you had any illnesses such as
diabetes, epilepsy, asthma etc?
☐ NO ☐ YES

If you ticked Yes to any of the above questions please provide further information below to help us preserve you or your child's physical/emotional safety (e.g. Cultural Practices, conditions, special diets, allergies, medication, behaviour or emotional issues)



Out there,
around here.

Participant/ Supervisor Information

PARTICIPATION AGREEMENT

YMCA Camp Adair operates in accordance with the broader YMCA rules and guidelines. YMCA Camp Adair adheres to the core values of the YMCA - Caring, Respect, Honesty and Responsibility. Further, YMCA Camp Adair operates according to its Safety Management system.

RISK ACKNOWLEDGMENT

I understand there are risks involved in the activities my child/I will be undertaking. I also understand that an unpredictable or uncontrollable event may occur that could possibly cause me serious harm or death. I'm aware of the importance of my child/my voluntary participation and the consequences should they/I ignore the YMCA Instructor's directions. I acknowledge that the organisation is responsible for all risk management for every person on site and will take all reasonable and practicable steps to keep my child/I safe while they/I am involved in these activities. However, I accept full responsibility for my child/my own actions or inaction.

ADVENTURE ACTIVITIES

I understand that I / my child will be participating in all or some of the following Adventure Activities: High Ropes, Abseiling, Zip Line, Climbing wall, Kakaying, Archery, Target shooting, Confidence course, River Traverses. Hiking. I have been fully informed on each activity and accept the risks.

GEAR MANAGEMENT

During the period of the programme you may be issued with and be using various forms of equipment. Whilst under your care or use, you will be totally responsible for its condition. This means that should you break or damage any equipment, by any means other than an accident or by normal wear and tear, you will be required to pay for it. We are sure that during the normal running of the programme and with a sensible attitude no problems of this nature will arise.

PHOTOS

I give permission for photos to be taken, for the purpose of promoting Camp Adair at the discretion of the YMCA

☐ YES

☐ NO

DECLARATION

I have read, and understood, and agree to the above. I also agree to follow all rules and other guidelines set out to me, and agree to the YMCA core values of Caring, Respect, Honesty, Responsibility, and agree to listen to all staff and supervisors at all times. I acknowledge that if I cannot follow these, and I am not prepared to remedy the problem I will be expected to leave the programme.

Signed (participant):

Date:

Signed (caregiver /parent, if under 18)



Out there,
around here.