

MAHURANGI COLLEGE YEAR 13 GREAT BARRIER ISLAND CAMP. CONSENT FORM
FOR; 3am Sunday 27th January to 11pm Thursday 31st January 2013.

INSTRUCTIONS.

- All four parts his form is to be completed & signed by parents or caregivers and ***returned to the school office by Friday 21st Sept 2012.*** (Also for attending staff & parents).
- Fill in, sign, tick or strike out items as appropriate.

(1). INDIVIDUAL'S PARTICULARS. For Student or Staff or Parent attending (circle one)

Full name:	
Date of birth:	Gender: Male or Female
Parent or caregivers full names:	
Usual home address:	
Home phone:	Other emergency phone:
Father's work phone:	Father's mobile phone:
Mother's work phone:	Mother's mobile phone:

(2). GENERAL CONSENT:

- I give permission for _____ to participate in the year 13 camp & agree to the transport arranged (ferry, buses & mini buses).
- I agree that he/she will take part in the activities and necessary duties as directed by the staff.
- I understand the school will not accept responsibility for the loss or damage of personal property.
- Should my son/daughter/myself be involved in any serious disciplinary matter, I accept that they may be sent home at my own cost. (Note: this could involve a plane flight of considerable cost).
- I will ensure my son/daughter/myself has the necessary equipment, as specified on the equipment list e.g. a water proof raincoat, sun protection, adequate food, medications etc.

Signed: _____ Parent/Caregiver.

(3). MEDICAL INFORMATION.

- a. Does your son/daughter/yourself have a pre-existing medical condition that may affect their ability to participate in the activities or requires medical intervention or medication?
 (Examples might include; asthma, allergies, epilepsy, diabetes & other such conditions).
 Yes/No

ASTHMAYES NO

Possible trigger or causes:
Usual treatment given during an attack:
Medication provided:
State the usual dosage:

EPILEPSYYES NO

Type of seizures:
Possible triggers:
Warning signs:
Usual length of seizure:
Medication provided:
State the usual dosage:

DIABETESYES NO Type 1 Type 2

Signs or symptoms of low blood sugar:
Signs or symptoms of high blood sugar:
Medication provided:
State the usual dosage:

GlucPen injection to be provided by self, for emergency use during camp.

(Please turn over)

MIGRAINE

YES

NO

Possible trigger or causes:
Warning signs or symptoms:
Medication provided:
State the usual dosage:

ALLERGIES

YES

NO

History of anaphylactic reaction:
Usual triggers or causes:
Warning signs:
Treatment required:
Medication provided:
State the usual dosage:

EpiPen to be provided by self for emergency use during the camp if there is a history of an anaphylactic reaction.

b. If you have some other medical condition, please describe the condition:

- Please describe the usual treatment or medication required.

c. Has your son/daughter/yourself suffered any injury or illness recently that might affect their ability to participate in the activities?

- Yes/No. If yes please give details.

d. Are there any other matters of a medical nature that need to be known, should emergency medical treatment be needed for your son/daughter/yourself? (E.g. phobia's like vertigo, seasickness or sleep walking etc).

- Yes/No. If yes please give details.

e. Is your son/daughter/yourself able to swim or support themselves, unaided, in deep water? Yes/No.

f. Does your son/daughter/yourself have any concerns with the proposed activities, or special skills that staff need to be aware of? (E.g special dietary considerations, or is a certified surf life guard).

- Yes/No. If yes please give details.

(4). MEDICAL CONSENT.

- I agree that staff may provide or arrange medical treatment for my son/daughter/myself, if in the opinion of the staff, that is necessary, & I will meet such costs if they apply.
- If applicable, I will ensure my son/daughter/myself has adequate medication for the trip, & spares for others to carry.
- My son/daughter/myself is of good health & fitness, or if not, all relevant particulars have been noted on this form. (Information will viewed only by staff or attending medical personnel).

Signed: _____ Parent/Caregiver (Or staff or parent attending).