



**Please return to your child's Academic Mentor, ASAP**

# Wesley College Education Outside the Classroom Camps 2025 Consent Form

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ AM Group: \_\_\_\_\_ D.of B: \_\_\_\_\_

## Section 1: PARENT/CAREGIVER CONTACT DETAILS

In the event of an accident / emergency / change of plans, supervising staff will require **TWO** sets of contact details. Please ensure you provide accurate and up-to-date contact details.

PARENT/CAREGIVER 1 - Full name

Relationship to student:

Address:

Telephone numbers

Daytime:

Evening:

PARENT/CAREGIVER 2 - Full name

Relationship to student:

Address:

Telephone numbers

Daytime:

Evening:

## Section 2: STUDENT HEALTH PROFILE

In the event of a health issue, the appropriate treatment will need to be administered by supervising staff or medical professionals. It is imperative that accurate and up-to-date information about the health and well-being of the student is provided.

**Student NHI Number** (National Health Index): \_\_\_\_\_

**Family Doctor Name:**

**Doctor's Address:**

1. Does Your child suffer from any of the following. Please **circle all that are applicable**

- |                        |                     |                         |                   |                            |
|------------------------|---------------------|-------------------------|-------------------|----------------------------|
| <i>Asthma</i>          | <i>Migrane</i>      | <i>Diabetes</i>         | <i>Epilepsy</i>   | <i>Fits of any kind</i>    |
| <i>Heart Condition</i> | <i>Dizzy Spells</i> | <i>ADHD</i>             | <i>Bedwetting</i> | <i>Chronic Nose Bleeds</i> |
| <i>Sleepwalking</i>    | <i>Alergies</i>     | <i>Colour Blindness</i> |                   | <i>Other</i>               |

If you circle any of the above, please provide further details: \_\_\_\_\_  
\_\_\_\_\_

2. Does your child currently take any medication: YES / NO

If YES, what is the name of the medication: \_\_\_\_\_

What are the times to be taken and dosage: \_\_\_\_\_

3. Is your child currently receiving any other kind of medical care that the school should be aware of:  
YES / NO

If YES, please give further details: \_\_\_\_\_  
\_\_\_\_\_

**4. Has your child had any major injuries or major illnesses (e.g Glandular fever) in the last 6 months that may limit their participation in any activity: YES / NO**

If YES, please give further details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Is your child allergic to any prescription medicine: YES / NO**

If YES, please give further details: \_\_\_\_\_  
\_\_\_\_\_

**6. Is your child allergic to any foods: YES / NO**

If YES, please give further details, including treatment for the allergy: \_\_\_\_\_  
\_\_\_\_\_

**7. Does your child have any other allergies: YES / NO**

If YES, please give further details, including treatment for the allergy: \_\_\_\_\_  
\_\_\_\_\_

**8. Is your child allergic to insect bites or stings: YES / NO**

If YES, please give further details, including treatment for the allergy: \_\_\_\_\_  
\_\_\_\_\_

**9. When did your child have their last tetanus injection: \_\_\_\_\_**

**10. Does your child have any dietary requirements: YES / NO**

e.g. Vegan, halal, no pork, no beef, lactose intolerant etc

If YES, please give further details: \_\_\_\_\_  
\_\_\_\_\_

**11. If necessary, what pain / flu medication may be given to your child?**

*e.g Ibuprofen, Paracetamol, anti inflammatory etc*

**12. Has your child been in contact with any contagious or infectious diseases in the last 4 months YES / NO**

If YES, please give further details: \_\_\_\_\_  
\_\_\_\_\_

**13. Is there any further information that staff should know to ensure the physical and emotional safety of your child YES / NO**

If YES, please give further details: \_\_\_\_\_  
\_\_\_\_\_

**Section 3: AQUATIC ACTIVITY CONSENT.** *Please circle the most appropriate of the following statements*

- |  |                       |
|--|-----------------------|
| 1. Is your child able to swim 50m:                   | YES / NO / DON'T KNOW |
| 2. Is your child water confident in a pool:          | YES / NO / DON'T KNOW |
| 3. Is your child water confident in a river or lake: | YES / NO / DON'T KNOW |
| 4. Is your child water confident in deep water:      | YES / NO / DON'T KNOW |

- |  |                       |
|--|-----------------------|
| 5. Is your child able to tread water:                  | YES / NO / DON'T KNOW |
| 6. Is your child able to survival float:               | YES / NO / DON'T KNOW |
| 7. Is your child safety conscious in and around water: | YES / NO / DON'T KNOW |

## Section 4: MEDICAL CONSENT REQUIREMENTS

Please read carefully through the following statements and **circle** to provide your consent.

It will be a good idea to read through the statements with your child as well. Feel free to contact Mr Jack (Head of Outdoor Education) should you wish to discuss this or any points further.

- ❖ I (parent/caregiver) AGREE that should prescribed medicine need to be administered to my child, a designated responsible adult shall do this. **AGREE / DISAGREE**
- ❖ I (parent/caregiver) AGREE that all prescribed medicine my child brings to camp will be stored in a secure container, clearly labelled with my child's name and instructions for administration purposes **AGREE / DISAGREE**
- ❖ I (parent/caregiver) WILL inform the school as soon as possible of any changes to the medical or personal circumstances of my child that may be relevant to attendance and participation at camp **AGREE / DISAGREE**
- ❖ I (parent/caregiver) AGREE to my child receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical professionals present **AGREE / DISAGREE**
- ❖ I (parent/caregiver) AGREE that any medical costs not covered by ACC or a community Service card will be paid by me **AGREE / DISAGREE**

## Section 5: FULL AGREEMENT AND CONSENTS

### Full Risk Disclosure and Outdoor Education/Adventure Activities/Sporting Tournaments and Games/Residential Consent.

The Trust and School Boards, along with the Principal and Senior Leadership are committed to providing an environment where students receive a holistic education, while ensuring the health, safety and wellness of all students and staff, and the safety of all others who engage with the College. We believe that our students have vast potential and one of the aims of all our EOTC activities/excursions and events is to help them build confidence, face challenges and learn to take the calculated risks needed to achieve extraordinary things.

Wesley College offers a range of adventure activities at annual school camps which, depending on the location and age of the students involved may include: bivi building, camping, bush walking, bush craft, community service – land and forest maintenance, cooking, kayaking, raft building, adventure based learning, river safety, canoeing, ropes course, orienteering, abseiling, bridge swing, rock climbing, fixed structure activities, confidence course, flying fox, mud/water slide and sporting games and activities. These activities may make use of the coasts, rivers, lakes, and bush alpine environments of New Zealand.

**IT IS IMPORTANT TO UNDERSTAND THAT ANY ADVENTURE OR OUTDOOR ACTIVITIES PRESENTS HEALTH AND SAFETY RISKS. In the unlikely event of a serious incident, consequences could potentially include: serious injury or loss of life due to drowning, falling from heights or extreme weather and environmental conditions.**

Wesley College works hard to ensure the health, safety and wellness of our students at all times. To achieve this goal during the provision of all Outdoor/Adventure/Sporting Activities, our staff works in partnership with our Activity Operators and providers to, as far as is reasonably practicable, ensure any foreseeable risks or hazards are identified and managed in the best possible way.

***Please carefully read through the following statements and tick to provide your consent.***

***It will be a good idea to read through the statements with your child as well. Please do contact Mr Jack (Head of Outdoor Education) should you wish to discuss any points further.***

- ❖ I (parent/caregiver) AGREE and give permission for my child to participate in the specified EOTC event (school camp) as outlined  
**AGREE / DISAGREE**
  
- ❖ I (parent/caregiver) AGREE that I have received sufficient information about the event  
**AGREE / DISAGREE**
  
- ❖ I (parent/caregiver) AGREE to and understand the following:
  - My child may travel to/from the venue as arranged for the event
  - My child will participate in activities and duties as required by staff
  - My child will bring all the necessary gear required – as outlined in the “kit list” provided
  - Wesley College will not accept any responsibility for the loss or damage to personal property or monies
  - Wesley College reserves the right to inspect all gear/luggage/bags brought by my child to this event
  - Wesley College staff may confiscate any items which are considered dangerous or forbidden**AGREE / DISAGREE**
  
- ❖ I (parent/caregiver) AGREE and recognise that participation in all adventurous activities is voluntary, not mandatory through a “challenge by choice” procedure.  
*“Challenge by choice” means participants choose their own level of challenge within a supportive peer environment.*  
**AGREE / DISAGREE**
  
- ❖ t participation in all adventurous activities is voluntary, not mandatory through a “challenge by choice” procedure.  
*“Challenge by choice” means participants choose their own level of challenge within a supportive peer environment.*  
**AGREE / DISAGREE**
  
- ❖ I (parent/caregiver) AGREE that should they wish to withdraw from an activity they MUST organise this with the staff member in-charge to ensure safety and discuss/resolve any concerns.  
**AGREE / DISAGREE**
  
- ❖ I (parent/caregiver) AGREE and understand that my child MUST obey the rules set out by the staff and instructors in charge  
**AGREE / DISAGREE**
  
- ❖ I (parent/caregiver) AGREE and understand that regardless of what is permitted in my own home, there will be NO SMOKING/VAPING, DRINKING OF ALCOJHOL or USE OF DRUGS throughout the entire time my child is participating in the event  
**AGREE / DISAGREE**

- ❖ I (parent/caregiver) AGREE that should my child break the rules OR his/her behaviour endangers the safety of any member of the group, they will be sent home at my (parent/caregiver) expense.

*This includes my child being involved in a serious disciplinary problem/issue, including the use of illegal substances and/or alcohol.*

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) AGREE that any of my child's written reflections/evaluations, group stories, videos or photographs may be used in publications associated with the organisations.

*Publications may include newsletters, annual reports, websites, Facebook, Instagram, X/Twitter and in the media.*

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) AGREE and understand that even though the College maintains a high standard of safety management, all risks cannot be completely eliminated and, in the unlikely event of a serious incident or emergency situation, serious harm or even death could occur.

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) AGREE and understand that adventurous activities contain a degree of risk which increases with the challenge of the activity.

*Participants should be aware that the commercial operator cannot completely guarantee your safety.*

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) AGREE and understand that should my child present any acute respiratory symptoms, with at least one of the following – new or worsening cough, sore throat, shortness of breath, coryza (head cold), anosmia (loss of smell), with or without fever they may be tested for Covid -19. And that should my child test positive for Covid 19, he/she may be isolated

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) AGREE to any emergency treatment required by my child during the course of the event

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) CONFIRM to the best of my knowledge that my child is in good health AND fit enough to participate in the specified event.

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) ACKNOWLEDGE that I have discussed the information contained in this form with my child, who is attending the event.

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) ACKNOWLEDGE that I have read and understand all the information contained on this form

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) ACKNOWLEDGE that I have read and discussed with my child the STUDENT CONTRACT

*The Student Contract has been emailed directly to your child. It is imperative that they show this to you.*

**AGREE / DISAGREE**

- ❖ I (parent/caregiver) enter my Full Name in CAPITALS below, in acknowledgment of my reading and understanding of the information contained in this form

**AGREE / DISAGREE**

**Date or acknowledgement:** \_\_\_\_\_