

Toolkit forms

EOTC Management PLD

Workshop copy



18 forms supporting the *EOTC Guidelines 2016, Bringing the Curriculum Alive* and the *EOTC Safety Management Plan (SMP) template*.

Current editable forms can be found on TKI and the [EONZ website](#) in Word format.

[Form 1.](#) EOTC Event Proposal, Approval and Intentions form 12.02.18

[Form 2.](#) EOTC Risk Assessment and Supervision form 12.02.18

[Form 3.](#) EOTC Standard Operating Procedures 12.02.18

[Form 4.](#) EOTC Volunteer Assistant Agreement form 12.02.18

[Form 5.](#) EOTC Staff Competence Record form 12.02.18

[Form 6.](#) EOTC External Provider Agreement form 12.02.18

[Form 7.](#) EOTC Blanket Consent Form 12.02.18

[Form 8.](#) EOTC Parent Information letter 12.02.18

[Form 9.](#) EOTC Parental Consent 12.02.18

[Form 10.](#) EOTC Event Prepare and Implement Checklist 12.02.18

[Form 11.](#) EOTC Transport Plan 12.02.18

[Form 12.](#) EOTC Drivers and Passenger Permission form 12.02.18

[Form 13.](#) EOTC Equipment Lists 12.02.18

[Form 14.](#) EOTC Emergency Response Guide 12.02.18

[Form 15.](#) EOTC Incident Report 12.02.18

[Form 16.](#) EOTC Equipment Log 12.02.18

[Form 17.](#) EOTC Event Review 12.02.18

[Form 18.](#) EOTC Health Profile 12.02.18

Sample Form 1 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

1. EOTC Event Proposal, Approval and Intentions

Event Name:					
Dates:					
Person in Charge:		Student group:		No. of Students:	
Activity outline, learning objectives and other benefits:	Assessment based Standards:		Co-curricular:		
Event location/venue:	Budget:				
	Student cost:				
	Funding:				
Pre site visit completed: Yes/ No	Date:				
External Providers: Yes/No	Details:				
Accommodation:	Transport method:				
Emergency Communication:	Times:				
Type to be used:	Meet:				
Numbers:	Depart:				
Person in charge	Return:				
Principal	Raise Alarm time:				
Provider					
On-call Contact person:	Phone number (s):				
Name:					

Use this first page as an Intentions Form – to be left with the Office &/or On Call Person



Trip Management Category (circle/highlight)			
Assessment of Risk	Low	High	Overnight
	Routine and expected activities and environments <ul style="list-style-type: none"> • School grounds • Supervised local visits 	Where risk exposure is greater than what would typically be the case at school <ul style="list-style-type: none"> • Adventurous activities • Hazardous environments 	Including residential and overseas trips.
Significant risks identified:			

Proposed Staffing:			
Name	Responsibility or role	Qualifications/ experience	Relief required

INITIAL APPROVAL

HOD _____ Date: _____

EOTC Coordinator: _____ Date: _____

NOTES



SEE BELOW FOR ACTIONS TO NOW COMPLETE BASED ON LEVEL OF RISK

Task Checklist to complete based on Level of Risk

Low Risk	High Risk	Overnight
<input type="checkbox"/> Activity Proposal <input type="checkbox"/> HOD Approval <input type="checkbox"/> EOTC Coordinator Approval	<input type="checkbox"/> Activity Proposal <input type="checkbox"/> HOD Approval <input type="checkbox"/> EOTC Coordinator Approval	<input type="checkbox"/> Activity Proposal <input type="checkbox"/> HOD Approval <input type="checkbox"/> EOTC Coordinator Approval <input type="checkbox"/> Principal/BOT Approval
<input type="checkbox"/> Staffing allocated, supervision structure <input type="checkbox"/> Blanket consent	<input type="checkbox"/> Staffing allocated, supervision structure <input type="checkbox"/> Parental Notification and consent <input type="checkbox"/> Specific Risk disclosure	<input type="checkbox"/> Staffing allocated, supervision structure <input type="checkbox"/> Parental Notification and consent <input type="checkbox"/> Specific Risk disclosure
May include but not limited to: <input type="checkbox"/> Student medical lists <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Risk assessment <input type="checkbox"/> Emergency communication plan	May include but not limited to: <input type="checkbox"/> Student medical list <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Risk assessment <input type="checkbox"/> Transport plan <input type="checkbox"/> Site plan and information <input type="checkbox"/> Emergency communication plan	May include but not limited to: <input type="checkbox"/> Student medical list <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Risk assessment <input type="checkbox"/> Transport plan <input type="checkbox"/> Site plan and information <input type="checkbox"/> Emergency communication plan

FINAL APPROVAL

	Name	Date	Signed
Approved By			

NOTES



Sample Form 2 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

2. EOTC Risk Assessment and Supervision: Overnight Camping

Version:

Draft

Date:

10 Jul 17

Harm What could go wrong?	Hazard Why would this happen?	Risk Rating? How serious?	Controls How can it be prevented? First try to eliminate, then minimise the risk	Check: Controls implemented? By who?	Residual Risk Rating?
Fatality / Serious Injury	Fire	High	Check fire risk, fire restrictions, and permission (m) Identify high risk areas and conditions (dry vegetation, wind etc) (m) No smoking (e) No candles inside tents (or matches/lighters if they are likely to be misused) (e) Carefully consider the use of candles in buildings (m) Check accommodation buildings for smoke alarms where appropriate (m) Careful use of potential fire sources – e.g. cookers, generator (m) If permitted, site campfire away from combustible vegetation on dirt, shingle or concrete		
	Earthquake / Tsunami / Other	High	Brief participants, what to do if (m) Check site beforehand - consider: - environmental hazards (proximity to coastline, rockfall hazard etc) (m) - staying in buildings and shelters e.g. smoke alarms, clear fire exits (m) Ensure know how to raise alarm (m) Plan how to evacuate - consider alternative routes (m) Move to safe location eg/ open area and higher ground (m)		
	Shooting	High	Check land owner - potential for hunters to be present? (e/m) Avoid common hunting areas and times (e) Communicate that are camping in area - signage at road end; check in with land owner / DOC (m) Ensure campsite visible (m) Consider reflectors, use night light (m)		



	Tree Fall	High	Look up - Check for dead, overhanging &/or large trees & branches (e) Consider camping 2 tree lengths from susceptible trees (e) Check weather forecast for high winds (m)		
	Weather or Earthquake related events - flood, wind, land / mud slide, rock fall, avalanche	High	Check site beforehand - consider environmental hazards (include flooding potential, land stability & wind effect) at and near campsite (m) Check with land owner - previous history etc (m) Check weather / tide forecast (m)		
	Other impacts due to environment: traffic, water, livestock, heights, slopes, ditches	Med - High	Check whole of site beforehand - consider other uses, where participants could go (m) Check with land owner - previous history etc (m) Consider set up of campsite - avoid thoroughfares (m) Clear guidelines around behaviour - 2 at all times (m) Provide (and possibly mark) clear boundaries (m) Minimise unstructured (free) time (m) Ensure proactive supervision at all times (m)		
	Inappropriate action by/with public	Medium	Provide clear guidelines around behaviour - at least 2 participants together at all times (m) Provide clear boundaries (m) Ensure understand who else is in area (m) Provide visible supervision of minors (m)		
	Inappropriate action by/with staff/volunteers	Medium	Ensure staff are safety checked - incl referee checks (m) Consider police vetting of volunteers (m) Provide clear guidelines around appropriate behaviour - avoid being alone with children, open door policy, involve other adults where possible (m) Ensure supervisors not distracted - no siblings etc (m)		
Medical Incident	Allergic Reaction	High	Collect accurate medical information, discuss allergy action plan, ensure info tagged to right person (m) Ensure participant carries appropriate medication & that others know how to administer (m)		



			<p>Minimise exposure to triggers:</p> <ul style="list-style-type: none"> - Wasps, onga onga (m) - Known food allergy - manage food preparation, clearly labelled food, prevent cross contamination, personal hygiene (m) <p>Ensure appropriately competent staff know how to recognise and respond to anaphylaxis (First Aid minimum) (m)</p>		
	Pre-existing Medical Condition	High	<p>Collect accurate medical information, discuss & ensure info tagged to right person (m)</p> <p>Ensure participant carries appropriate medication & that others know how to administer (m)</p> <p>Ensure appropriately competent staff - First Aid minimum (m)</p>		
Injury - cuts, grazes, burns, bruises etc	Unsafe / reckless behaviour	High	<p>Ensure behavioural expectations are clear to participants and supervising teachers/helpers (m).</p> <p>Provide appropriate supervision and reinforce behavioural expectations (m).</p> <p>Minimise unstructured free time (m).</p>		
Missing person	Wanders off and/or doesn't know how to return to site	High	<p>Check whole of site beforehand - where participants could go. Identify handrails and catching features</p> <p>Clear guidelines around behaviour - 2 at all times</p> <p>Provide (and possibly mark) clear boundaries</p> <p>Consider marking path to toilets at night</p> <p>Method of, and regular, accounting for everyone (buddy up / number off)</p>		
Hypothermia (too cold)	Cold and/or windy weather, inadequate clothing &/or shelter	High	<p>Be aware of weather conditions and plan accordingly – e.g. contingency plan and consider cancel or alternate activity in poor weather (e).</p> <p>Brief participants and provide checklist of suitable clothing/sleeping gear etc to bring (m).</p> <p>Check students clothing (wind & rainproof) and sleeping gear is suitable (m)</p> <p>Have extra clothing, food and hot drinks available in poor weather (m)</p> <p>Be aware of signs of hypothermia and the need to keep energy level high (m)</p>		
Hyperthermia (overheating)	Hot weather (strong sun, no breeze) &/or overexertion	High	<p>Ensure participants have plenty to drink, use sun hats & sun screen and stay in shade, where possible (m)</p>		



			Adjust activity Ensure extra water, spare sun hats & sun-screen available (m) Provide/use shaded areas (m)		
Emotional distress	Unfamiliar environment, routine, stressed, anxious, bed wet	Medium	Collect accurate medical/behavioural information, discuss with participant and/or caregiver (m) Implement appropriate strategies (m)		
Environmental Damage	Fireplace, litter, damage to trees/plants, toileting, upset neighbours/wildlife	Medium	Plan and prepare (packaging, permits etc) (m) Travel and camp on durable ground - what long term impacts will you have on campsite (m) Dispose of waste properly - what is the toileting plan? (m) Leave what you find - artefacts, weed seeds, didymo (m) Minimise effects of fire (safe firelighting, Leave No Trace fires) (m) Respect wildlife and farm animals - e.g. reducing temptation to weka, keas, possums, dogs etc (m) Respect other users - e.g. noise (m)		
Illness - diarrhoea and vomiting	Poor hygiene, food or water quality	Medium	Ensure food hygiene (including storage), toileting hygiene (hand washing) and water hygiene (safe to drink, how do you know, how do you treat) regimes clear and followed (m).		

Reviewed:		Date:		Approved:		Next Review:	
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Specific Event and Site:	By:	Date:
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Site Specific Hazards - What else could go wrong at this site?	Management - How can we control this?
Specific Hazards on the Day - What could go wrong at this site: 1. On this day (weather, tide, current etc)? 2. With these people (participants, staff etc)?	Management - How can we control this?



Supervision Requirements Consider the risk assessment and the staffing requirements to manage the controls	By:		Date:	
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1. Roles and Competency: Identify the **roles and competencies** required for the event

Role Names	Police Check?	First Aid?	Skill / Qualification / Experience	Induction and/or Training?
Person in Charge	Required	Required	Group Management	Yes – EOTC SMP
<i>Fred Smith (example)</i>	✓	<i>Exp 8/17</i>	<i>Teacher</i>	<i>Completed 12/02/17 Md</i>
Drivers	Required	Required	Group Management / Driving licence	Yes – Transport policy & procedures
<i>Fred Smith (example)</i>	✓	<i>Exp 8/17</i>	<i>License # B576839 Exp 3/20</i>	<i>Completed 12/02/17 Md</i>
<i>Maggie Brown (example)</i>	✓	<i>Exp 9/17</i>	<i>License # B839209 Exp 7/22</i>	<i>Completed 12/02/17 Md</i>
Overnight supervisor	Required	Prefer	Group Management	On the day
<i>Maggie Brown (example)</i>	✓	<i>Exp 9/17</i>	<i>Ex teacher, involved at surf club</i>	<i>Completed 3/03/17 Md</i>
Activity Leader –Overnight camping	Required	Required	Group Management	Yes – EOTC SMP, Activity specific training
<i>Jo Collins (example)</i>	✓	<i>Exp 4/18</i>	<i>NZOIA Bush 1 Exp 3/18</i>	<i>SMP Completed 12/02/17 Md</i> <i>Bush Completed 16/02/17 Bob</i>



2. Group members requiring specific management strategies: Provide **specific management strategies** for participants requiring special attention

Health (e.g. asthma, allergies, medical conditions, current injury)
Behaviour (e.g. poor listeners, ADHD, socially inept, short tempers, disobedience/untrustworthy)
Capabilities (e.g. swimming ability, physical disability)

3. Staffing and Supervision Structure: Specifically describe the **supervision structure** required for the event

Supervision structure (includes allocation of roles and allocation of students to supervisors) (e.g. Number of groups and size, number of supervisors/leaders per group, leaders not directly supervising a group and their role)
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Completed by:		Date:		Approved:		Date:	
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Sample Form 3 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.
Use the align left, centre or right tabs on the tool bars to move your name and logo.

3. EOTC Standard Operating Procedures

Blue text is an example only, edit to match the requirements of each event or activity

Day Tramp

Prior to leaving

In lessons cover:

- Knowledge of clothing: layering, outer shell and fabric
- Food and water: frequent snacks, need for hydrating, advantages of hot food and drinks, calorie intake
- Boots: fit, prevention and treatment of blisters
- Leave No Trace code
- Navigation using major geographical features
- Navigation using map and compass
- How to pack a tramping pack
- What to do if lost

Check:

- Clothing and Footwear check
- Personal medication packed (where it is located in pack and instructions)
- Weather forecast
- DOC Track Alerts

Major hazards to monitor

- River crossings – drowning
- Temperature – hyperthermia or hypothermia and sunburn
- Wasp/bee stings - allergic reactions
- Medical Emergencies – asthma

Standard Operating Procedures

- Leadership and supervision structure discussed and agreed
- Obtain weather forecast and where appropriate river levels
- Tailgate check before leaving vehicles – Got everything?
- Keep group together
- Suitable pace for the whole group
- Stop at known hazards – make sound decisions based on the available information
- Monitor students well-being, including food and water intake
- Monitor weather
- Check personal medication use when needed
- Sunscreen
- Follow Leave No Trace code

Safety Equipment

- | | | |
|---------------------------|--|---|
| • First aid kit | • GPS | • Thermos |
| • Maps and compasses | • Safety pack (includes extra clothes, food, shelter, etc) | • Cell phone or Mountain radio (check coverage) |
| • Personal Locator Beacon | • Emergency procedures | • Survival kit |



Individual Equipment	Group Equipment	Leader Equipment
<ul style="list-style-type: none"> ● Appropriate boots ● Woollen socks ● Poly top and bottom ● Polar fleece or woollen jersey ● Woollen hat ● Gloves ● Sunglasses ● Raincoat ● Overpants (where appropriate) ● Sunscreen ● Water bottle ● Lunch and snacks 	<ul style="list-style-type: none"> ● Group first aid kit per 8 students ● Trowels, spare toilet paper, sanitiser ● Sufficient shelter for whole group ● Water filters 	<ul style="list-style-type: none"> ● Mobile Phone, Charged (turned off) ● Area Map – surrounding area (Topo50) ● Emergency Crisis and response Procedures ● Weather map/ forecast ● Closed cell foam mat

Specific Site Information

FRONT OF MIND (Hazards and risks on the day)

Bob – allergic to wasp stings
Track Alert –slip at Tom’s bluff
Make sure group is together at the intersection of Leight Hill and Thomas Creek Track

Event Specific Contacts

Out of Town Medical Centre 09 434 5060
Instructor 027 744532



Site/Area Map.

Draw or paste in a map or photo of your site and note the following if relevant: Access Points, Hazard/out of bounds areas, emergency evacuation points, key locations, locations of landline phones/areas with/without cell reception, emergency service access points and addresses/heli landing area, traffic/parking areas, toilets, water sources, emergency meeting areas, activity areas, drinking water sources, flammable storage areas.

Completed by:		Date:		Approved:		Date:	
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Sample Form 4 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

4. EOTC Volunteer Assistant Agreement Form

For parents/caregivers and other volunteers who have been invited to assist on EOTC events

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Name:	Swimming ability for aquatic activities (please tick): <input type="checkbox"/> Can you swim 200m confidently and competently? <input type="checkbox"/> Can you tread water for 3 minutes? <input type="checkbox"/> Could you swim out in deep water and rescue a student?
Address:	
Telephone: _____ (home) _____ (work)	
I am the parent/caregiver of: _____ OR <input type="checkbox"/> I am a volunteer (please tick)	

Skills/experience/qualifications (please tick):

Qualification	Current	Not current	Notes (recent experience)
Car driver's licence (attach a copy)			I'm competent (circle): Towing a trailer, driving on gravel roads, driving on ski field roads, fitting chains, driving a manual vehicle, driving a van
First aid certificate (attach a copy)			
Other relevant qualifications			
Other significant skills or experience relevant to EOTC events (list below, or attach):			

Emergency Contact Details (Next of Kin)	
Personal Mobile Number	
Doctor's number	



Health Information

<p>1. Please tick if you have any of the following</p> <p><input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Fits of any type <input type="checkbox"/> Chronic nose bleeds <input type="checkbox"/> Heart Condition <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Colour Blindness <input type="checkbox"/> Other – Please specify</p> <p>..... </p> <p>2. Medical Alert Number (if applicable)</p> <p>..... </p> <p>3. Date of last tetanus injection?</p> <p>...../...../.....</p>	<p>4. Are you currently taking medication?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please state ailment/s</p> <p>..... </p> <p>Name of medication/s</p> <p>..... </p> <p>Dosage & time/s to be taken</p> <p>..... </p> <p>Other treatment</p> <p>..... </p> <p>5. Have you had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p>	<p>6. Are you allergic to any of the following?</p> <p>Prescription medication <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Food <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Insect bites/stings <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Other allergies <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Treatment required?</p> <p>..... </p> <p>7. Outline any dietary requirements?</p> <p>..... </p>	<p>8. What pain/flu medication may you be given if necessary?</p> <p>..... </p> <p>9. To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p> <p>10. Is there any other information that staff should know to ensure your physical and emotional safety E.g. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p>
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As a volunteer assistant in the school EOTC event:

- I certify that the above information is correct
- I am willing to comply with requests of staff and will follow safety procedures they have set
- I will take reasonable care that my behaviour does not adversely affect the health and safety of myself or other
- I am willing to assist in aspects of running the event according to the role I have been asked to take by the Person in Charge
- If I am asked to drive, I will comply with the road rules and ensure I'm driving a warranted and registered vehicle
- I agree there is no place for alcohol or non-prescribed drugs on a school EOTC event
- I'm willing to complete the Police vetting process
- I accept the terms of my involvement as stated above.



Signed:

Date:



Sample Form 5 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.
Use the align left, centre or right tabs on the tool bars to move your name and logo.

5. EOTC Staff Competence Record

To be completed by all school staff.

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Name: _____

Category (circle one): Teacher Other school staff

Category (circle one): Person in charge Activity Leader Assistant

Skills/experience/qualifications:

Qualification	Current	Not current	Notes (recent experience)
Car driver's licence (attach a copy)			I'm competent (circle): Towing a trailer, driving on gravel roads, driving on ski field roads, fitting chains, driving a manual vehicle, driving a van
First aid certificate (attach a copy)			
Other relevant qualifications			

Emergency Contact Details (Next of Kin)	
Personal Mobile Number	
Personal Medical Information	

Swimming ability (please circle):

Can you swim 200m confidently and competently? / No

Can you tread water for 3 minutes? / No

Could you swim out in deep water and rescue a student? / No

Other significant skills or experience relevant to EOTC events (list below, or attach):

- _____
- _____
- I certify that the above information is correct
 - I am willing to comply with and follow all reasonable safety procedures the school has set
 - I will take reasonable care that my behaviour does not adversely affect the health and safety of myself or other
 - I am willing to lead or assist in aspects of running the event according to the role I have been asked to take by the school
 - I agree there is no place for alcohol or non-prescribed drugs on a school EOTC event
 - I accept the terms of my involvement as stated above.

Signed:

Date:

Sample Form 6 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.
Use the align left, centre or right tabs on the tool bars to move your name and logo.

6. External Provider Agreement

For situations where an organisation is providing a service to your school. This form should be altered to suit the needs of the situation.

Please note that signing a liability waiver is not acceptable because doing so is out of step with the principles of the Health and Safety as Work Act 2015. It's the school board's responsibility to seek independent legal advice to clarify the legal position of any contract that you may enter with a provider and take responsibility for the decisions made.

This is an agreement between:

School Name: _____ and _____ (Provider)

It is agreed that the following services will be provided:

1. Coaching/instruction/facilitation between the hours of:
2. Supervision between the hours of:

Other services:

3. Accommodation as specified
4. Facilities as specified
5. Transport as specified
6. Equipment as specified

Starting at _____ on _____ and finishing at _____ on _____

Payment

The provider will, on or before [date...] provide the school with a GST invoice for

The school will make payment on this invoice within _____ working days provided:

(Write here any relevant preconditions for payment e.g. receipt of student assessment where school is using a provider to manage student assessment for an outdoor programme).

The School and Provider have discussed and documented (see attached):

- How the two organisations' SMSs will work together and be applied and when each organisation has the primary responsibility for the students
- The supervision structure for the event (including events on the school site)
- The roles and responsibilities of all staff involved.

School is responsible for providing

1. The intended learning outcomes that are based on the achievement objectives in the relevant learning area/s of the New Zealand Curriculum or Te Marautanga o Aotearoa.
2. Opportunity to be involved in planning, implementation and evaluation stages of event.
3. Name and 24 hour contact number of the liaison person for this event.
4. Adequate staff / supervisors to meet the good practice requirements of the agreed supervision structure.
5. Details of facilities / equipment supplied by the school (if applicable).
6. Health and behavioural profiles of the students who will be involved in the activity

6. EOTC External Provider Agreement form 12.02.18

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7. Health profiles of staff accompanying the students
8. Statement indicating the expected behaviour of students (School code)
9. Adequately prepared and equipped students (gear checked)
10. Appropriate support for students with special needs
11. Accommodation for provider personnel (where appropriate)
12. Food for provider personnel (where appropriate)

Provider Responsibilities

13. Indicate how the expected learning outcomes the school has identified will be met
14. Provide a learning environment that is safe for the students and meets the stated educational outcomes
15. Provide a summary of the agreed supervision structure for the event (including responsibilities for lunchtimes and nights)
16. Indicate the student supervision requirements that the school must comply with
17. Provide registration details if they are providing Adventure activities (as defined by the Health and Safety at Work (Adventure Activities) Regulations, 2016)

OR

18. An overview of their safety management systems if they are not providing Adventure activities (this may include safety management plans, staff qualifications, training and currency, health and safety performance records)
19. All staff that will be (or could be, in the case of an emergency for example) alone with children have been safety checked according to the requirements for core workers¹ as per the Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations, 2015. All other staff have been safety checked as per the requirements for non core workers
20. Provide a copy of their Child Protection policy
21. All staff have been successfully police vetted where required under the Education Act, 1989.
22. Provide details of the equipment and/or clothing to be provided by the school/the students
23. Provide details of the facilities they are providing
24. Provide a detailed written quote for the personnel, equipment and services being provided
25. Provide details about the preparation required by students to participate safely in the event
26. Provide details for wet weather arrangements or other alternative arrangements
27. Ensure any transportation of students and staff they are providing complies with current legislation
28. Ensure that all personal protective equipment is fit for purpose and used as required
29. Ensure that any change to the personnel after confirmation of this agreement is made with good reason and that the replacements are of equal professional capability
30. A record of all incidents is kept and communicated with the school
31. Ensure any notifiable event is communicated immediately to the school contact person and to the relevant agencies, including WorkSafe New Zealand and the Police
32. Provide the names of referees on request.

Declaration

- We declare that we have read and understood this 'Contract for Service'
- We declare that we will meet all our responsibilities as specified in this agreement
- We are registered on the Register of adventure activity operators. The registration expires on _____
(Not Applicable for this event)



- We declare all of our staff have been successfully police vetted
- We agree there is no place for alcohol or non-prescribed drugs on any school event.
- We agree that should the staff of the school feel the need to intervene that this will be respected.
- We declare that the role allocated to us in this agreement is within our experience and expertise
- We agree to take all reasonable practicable steps to ensure the health and safety of the students and staff participating in the event (Health and Safety at Work Act, 2015 including any subsequent amendments and regulations such as the Adventure Activities Regulations, 2016)
- We declare we have met the safety check requirements of 'specified organisations' under the Vulnerable Children Act, 2014 and have a Child Protection Policy
- We agree that we will supervise the students as per the supervision structure agreed to with the school.

Signed _____ (by provider) Name _____ on _____

Signed _____ (by school) Name _____ on _____

The school or provider reserves the right to withdraw any or all participants from the event when safety is compromised.

ⁱ Under Vulnerable Children Act, 2014, Core worker means a children’s worker whose work in, or providing a regulated service requires or allows that, when the person is present with a child or children in the course of that work, the person is either:

- the only person present; or
- the children’s worker who has primary responsibility for, or authority over the child or children present.



Sample Form 7 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

7. Blanket Consent form

This EOTC form is to cover events which occur during the course of a school day and conclude prior to approximately 6.00pm. [Add examples from your EOTC programme here.](#)

Where an event involves risk exposure greater than what would typically be the case at school, such as adventurous activities or hazardous environments or the event continues overnight, specific consent will be required. At the time of our seeking any further consents you will also be asked to update the health and contact information held by school.

It is important that this form is completed at the start of the year for all students who will be participating in EOTC events (as described above). Details on this form will remain confidential to school staff, contractors and volunteers associated with supervising activities on EOTC events. It is crucial that you provide us with up to date information, that is accurate and complete, to allow us to plan appropriately for EOTC events.

Please note that is very important that student details such as health information and emergency contacts are kept up to date with the [xxxx](#) school office during the year.

Please ensure that all sections of this form are completed and it is returned to the [xxxx](#) school office by [xxxx](#)

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Student Information

Name:

Year:

Address:

Student email:

Student cellphone:

Swimming Consent

For activities where being able to swim is essential. Consent does not remove the need for group leaders to ascertain for themselves the level of the student's swimming ability.

Swimming ability

- | | | | |
|---|-----|----|------------|
| • Is your child able to swim 50 metres? | Yes | No | Don't know |
| • Is your child water confident in a pool? | Yes | No | Don't know |
| • Is your child confident in deep water? | Yes | No | Don't know |
| • Is your child able to tread water? | Yes | No | Don't know |
| • Is your child able to survival float? | Yes | No | Don't know |
| • Is your child confident in the sea or in open inland water? | Yes | No | Don't know |
| • Is your child safety conscious in and around water? | Yes | No | Don't know |

Signed:

Medical Consent

- In an emergency school may act on my behalf
- School may administer pain relief
- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform [xxxx](#) school as soon as possible of any changes in the medical or other circumstances.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, he/she will be sent home at my expense.



Signed:

Student Contract

To be read and signed by all participating students.

- I understand that any EOTC event is an opportunity for me to learn, practise skills and gain attitudes and values in an environment outside the classroom.
 - I realise that this requires me to take on genuine responsibility for my own learning and the safety and that of myself and others.
- I agree to do the following to make this happen:
 - Show courtesy and consideration for others; Follow the rules and instructions of staff and other supervisors at any event; Take part in all activities within challenge-by-choice options; Look after myself and my personal belongings; Declare medical conditions that could affect participation in the event; Accept the rules set by the school for any event, even if they are different from what is accepted at home.
- I understand that my parent/caregivers will be contacted and I may be sent home at their expense if:
 - My actions are considered unacceptable by staff; I break the school drugs and alcohol policy; My actions put me or others in any danger.

Signed (by student): Date/...../.....

Parental Consent

- I agree to my child taking part in EOTC events. I acknowledge the need for them to behave responsibly.
- I understand that there are risks associated with involvement in xxxx school's EOTC events and that these risks cannot be completely eliminated.
- I understand xxxx school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those risks.
- I understand that my child will be involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.
- I acknowledge that in order to gain a better understanding of the risks involved I am able to ask any questions of xxxx school about the activities in which my child will be involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that xxxx school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Signed: Date/...../.....

(Full name of parent/Caregiver)



Sample Form 8 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

8. EOTC Parental Information Letter

[School]
[Group]
[Event and venue]
[date]

Dear Parent/Caregiver

[Brief description of EOTC event, including learning outcomes]

Details:

[Times: meeting time and place]

[Return: time and place]

[Transport details]

[Clothing and equipment required]

[Costs]

[Venue/accommodation details, including address and phone number]

Consider including information on

- emergency and contingency plans
- details of first aid cover and provision for additional support for medical needs
- procedures if anyone becomes ill
- staffing including relevant experience and qualifications related to activity
- what not to take or bring back
- money to be taken, arrangements for safekeeping
- policy on the use of phones, both mobile and landline, during events.

This event contains risks, including [detail of risks]. This event is managed by school staff who will manage risk and hazards according to the school's safety management plan. This includes careful [broad description of strategies]. While risks can be maintained to acceptable levels they cannot be totally eliminated. Some risk is retained for its learning and experiential value. If you wish to come in to school to see our safety management systems or have any questions, feel free to contact [person in charge of activity] .

It is important for safety reasons that students follow instructions given to them by all staff and follow all appropriate school rules. Behaviour by students that is deemed dangerous and puts themselves and/or others at undue risk will result in [detail school sanctions here].

Please feel free to contact me at school with any queries [provide contact number]

Yours faithfully

[Person in charge of the activity]



Sample Form 9 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

9. EOTC Parental Consent

[Insert Trip Event Name]

Parental Consent

- I agree to my child taking part in the EOTC event and have received sufficient information on which to base a decision.
- I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly.
- I have updated (where necessary) my child's health information held by the school.

Acknowledgement of Risk

- I have read the EOTC event information and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated.
- I understand that the school will identify any reasonable foreseeable risks and hazards, and implement correct management procedures to eliminate or minimise these.
- I understand my child has been involved in the development of safety procedures and I will do my best to ensure that my child follow these procedures.
- I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved.
- I recognise that participation in such activities is voluntary and not mandatory through a 'challenge by choice' procedure. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.
- I understand that the school does not accept responsibility for loss or damage to personal property (either my child's property or damage to other's property caused by my child) and that it is my responsibility to check my own insurance policy.

Name:

Signature:

Date:



Sample Form 10 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

10. EOTC Event Plan, Prepare and Implement Checklist

To be adapted to particular school's and/or event requirements

Have you?

- Completed Event Proposal, Approval and Intentions form
- Gained Initial Approval
- Pre-visited the site and checked the facilities. Booked if necessary.
- Risk management planning completed and communicated to all staff and volunteers (Risk Assessment and Supervision form, Standard Operating Procedures)
- Supervision structure created to meet needs
- Staffing organised and competences checked (Volunteer Assistant Agreement, Staff Competency Record)
- Organise External providers - External Provider Agreement
- Communication to parents - Parent Information letter
- Obtained or checked Parental consent (Blanket or Parent Consent form)
- Collated emergency contact and health information
- Transport Plan and Driver and Passenger Permissions completed
- Accommodation organised
- Food requirements organised
- Communication methods during the event organised
- Equipment lists distributed to participants
- Created contingency plans
- Completed emergency planning, including an Emergency Response Guide
- Gained Final Approval

Have other staff and volunteers been given:

- The Event Management plan or Standard Operation Procedures

or

- Risk Assessment information
- Equipment lists
- Collated emergency contact and health information
- Transport Plan
- Contingency plans
- Emergency Response Guide

The week before:

- Food and equipment prepared
- Leader(s) briefed
- First aid kit(s) checked
- HOD/EOTC Coordinator briefed
- Student clothing and equipment briefed/checked
- Relief requirements completed
- Weather forecast and AA roadwatch checked
- Pre-Event Briefing and School Codes outlined with students
- Invoices/petty cash arranged
- Vehicles checked: WOF/COF, registration, RUC, fuel, oil, water, chains, trailers

On Departure day check:

- Weather forecast and AA road watch
- Make decision to continue or postpone or cancel
- Communicate any changes
- Students have arrived on time (no change to medical conditions)
- Students have the required footwear/clothing/equipment (action if not)
- Student medication collected
- Communication device and systems in place
- Equipment required and checked
- First aid kit(s)
- Final briefing for students and staff - remind all of School Code, confirm meeting points
- Intentions*, including student and staff names:
 - a) left at office and/ or with call-on contact person
 - b) with each leader.

Throughout event check:

- Continue to monitor weather forecast and AA road watch
- Make decision to continue or postpone or cancel
- Communicate – continue to discuss safety matters (concerns, emergency plans and other considerations), and consider at least a regular daily meeting with:
 - a) Staff team
 - b) External providers (PCBU's)
- Ensure incidents are reported

At the end of the event check:

- Notify office and/or contact person of your return
- First Aid Kit(s) returned
- Check and clean/repair equipment
- Equipment logged and returned
- Clean van, log kilometres, ensure refuelled
- Dismiss students (check to see if there are any notices for students before this)
- Debrief with staff
- Complete and file any incident reports (include near misses)
- Complete and file any behaviour incident forms
- Log your participation
- Complete Participant evaluation
- Record any new risks or hazards that were identified on the Risk Assessment
- Review the event (*Event Review*), file with the Event Management Plan and send to the EOTC Coordinator



Sample Form 11 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

11. EOTC Transport Plan

Group size:					
Students:		Staff:		Total:	
Vehicles:	Registration	Seats	Allocated drivers:	Driver contact:	
Student/Parent Drivers:	Permitted passengers				
Total available seats:		Total seats required:			
Trailers (description/registration):			Insurance details:		
Travel details:					
Trip distance:		Stops/ breaks:			
Estimated travel time:					
Total Travel time (including stops):					
Route description:					
1.					
2.					
3.					
Trip timeline: (include breaks and rest stops:)					
Travel to:			Return from:		
Time	Location		Time:	Location	
Special Notes (Road conditions, chains required etc.)					
Alternate driving routes					

Note: record on the student roll or attach a list of, the vehicle each student is travelling in.



Sample Form 12 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

12. EOTC Drivers and Passenger Permission form

Complete one or more of the following and return to _____ by _____

A. Permission to travel in a private vehicle driven by a named student, staff member, or volunteer

I give permission for my child _____

To travel in a car driven by _____

For the _____ trip to _____ Date _____

Signed by parent/guardian _____ Date _____

Name _____

B. Permission to drive car on school EOTC event (with no passengers)

I give permission for my child _____

To drive his / her / my car _____

For the EOTC event to _____ Date _____

Signed by parent/guardian _____ Date _____

Name _____



C. Permission for a student driver to carry students in a car on an EOTC event

I give permission for my child _____

To carry the following students

1	2	3
4	5	6

For the EOTC event to _____ Date _____

Signed by parent/guardian _____ Date _____

Name _____

Contact number _____

D. Permission for an adult driver on an EOTC event

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Name: _____ Address: _____ Telephone: _____ (home) _____ (work)	<input type="checkbox"/> I have a current Car driver's licence (attach a copy) I'm competent (circle): Towing a trailer, driving on gravel roads, driving on ski field roads, fitting chains, driving a manual vehicle, driving a van, driving on tarsealed roads. <input type="checkbox"/> I will comply with the road rules <input type="checkbox"/> I will ensure I'm driving a warranted and registered vehicle
I am the parent/caregiver of: _____ OR <input type="checkbox"/> I am a volunteer (please tick)	
Signed: _____	Dated: _____



Sample Form 13 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.
Use the align left, centre or right tabs on the tool bars to move your name and logo.

13. EOTC Equipment Lists

Personal Gear List	Group Gear List	Emergency Gear List



Sample Form 14 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.

Use the align left, centre or right tabs on the tool bars to move your name and logo.

14. EOTC Emergency Response Guide

The School Team contacts as at [Date]

	Name	Email	Phone
Xxxx School	Office		
	On Call Phone		
	Sat Phone		
Principal			
Assistant Principal			
EOTC Coordinator			
Legal			
Insurance			

Assistance

	Detail	Location	Phone
Emergency	Police, Fire or Ambulance	From Sat Phone:	111 + 64 3 363 7400
Police	Non-emergency		
Xxxx Hospital			
Nearest Medical Centre	8am – 6pm, Mon – Fri		
24 Hour Surgery	24 hrs		
Urgent Pharmacy			
Xxxx Medical Centre	8:30am – 5:30pm		
Xxxx Medical Centre			
Poison Centre			
Medic Alert	Check # on bracelet		
	IB Base		
Mountain Radio	Paul White		



Incident Type:

Serious Injury /Illness to student or staff

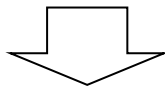
1. TAKE CONTROL

Assess & Contain

- Is it safe?
- Establish leadership

Remove people from risk

- Move person/group to a safe location via safe route.
- If 'Notifiable Event' do not disturb scene



2. 1ST AID

Primary Survey

Danger

- Is it safe?
- Glove up

Call for help now?

Response

- Responds to: Voice / Pain / None

Airway

- Clear of obstructions,
- Finger sweep any visible obstructions
- Open airway head tilt, chin lift (or jaw thrust re/ c-spine)

Breathing

- Look, listen, feel for 10 seconds.
- Not breathing - begin CPR [30-2 breaths]

Circulation

- Body sweep for life threatening bleeding
- Control bleeding – apply pressure & elevate

Secondary Survey

Patient details

- Name, age, sex, group?

Systematic Check

- Head, chest, abdomen, pelvis, extremities, back.
- What do you see / feel?

Assign scribe & take notes

Signs & Symptoms

- What patient tells you

Allergies

-

Medication

- What? Why? Last taken?

Past med history

-

Last food/drink

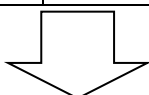
- Fluids, Food

Events prior

- Black outs, dizziness?

Vital Signs

- Take Notes every 15 minutes until stable, then ½ hourly



3. CLARIFY THE PLAN

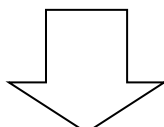
What needs to be done?

Prioritise

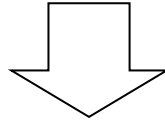
- Do you need help?
- Establish 1x helper/patient & a scribe
- Keep warm, comfortable, stable & reassure
- Can you transport to vehicle & evacuate?
- Emergency runners required? (sent more than 2 people, give precise instructions actions/assistance required)

Look after rest of group

- Brief remainder of group
- Check/move so are safe, warm, comfortable
- Check/treat for shock?
- Identify someone in charge



4. COMMUNICATE	
If required notify Emergency Services	<ul style="list-style-type: none"> - Make call directly & request ambulance / police /fire 111 - Provide clear information of the extent of injury (especially if condition critical) +64 3363 7400 (from Sat Phone)
Notify "School/On-Call Contact"	<ul style="list-style-type: none"> - Call & provide details re/ support req On Call: ### #### Office: ### ####
Who else needs to know?	- Local Venue/Transport Provider
Media Statement	- "I am sorry I am unable to help you but please contact our School Principal on ##### for more information."
Record Info	



5. EVACUATE	
Establish safe route into site for Emergency Services	<ul style="list-style-type: none"> - 2 people to direct Emergency traffic to site - Helicopter landing required – clear landing, secure loose items & indicate wind direction
Safely evacuate all present	- Return to Base/overnight accommodation together



Specific Emergency Responses: Extra Considerations

	Missing Person	Serious Injury / Fatality	Evacuation Required (Fire, Weather, Earthquake...)	Vehicle Incident
1. Control Assess & Contain Remove people from hazard	Head count & identify: - number & who missing? - last point contact?		Head count & retain in one place	Head count & move to safety
2. Emergency care Primary Survey Secondary Survey		Confirm status		
3. Clarify Plan What needs to be done? Prioritise Look after rest of group	Return to last point of contact & retain. Check possible locations (area of intrigue, path least resistance) Hasty Search: - parties of 2+ - precise instructns: - where/when to return Stay put with someone in charge	Remove bystanders – create no-go zone Screen site & cover body Don't disturb incident scene	Establish initial safe site & route there Keep together – use leader & tail Count again	
4. Communicate Notify Emergency Services?	Police – they call SAR	Police & Ambulance		Police & Ambulance
Notify School/On Call Contact	If not found within 30 minutes	Call ASAP		
Who else needs to know?		Call to evacuate other groups	Call to evacuate other groups	
Media Statement				
Record Information				
5. Evacuate				
Establish safe route into site for Emergency Services	Mark last know location			
Safely evacuate all present		Abandon activity		



Sample Form 15 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

15. EOTC Incident Report Form

Date: _____ Incident Number: _____

Harm/Damage or Potential Harm/Damage (delete one) of Severity Rating: X

Worksafe NZ notified (if required) by..... date.....

Type of Injury / Illness (tick one or more)

Abrasion		Cardiac		Gastro-intestinal	
Allergy		Concussion		Hyperthermia	
Asthma		Fatigue		Sprain	
Burn		Fracture		Strain	
Other (detail)					

Activity being undertaken:

Staff in charge / attending the incident:

Person(s) involved in the incident:

Name: Age: Female/Male

Contacts: (if not held already)

Witness?:

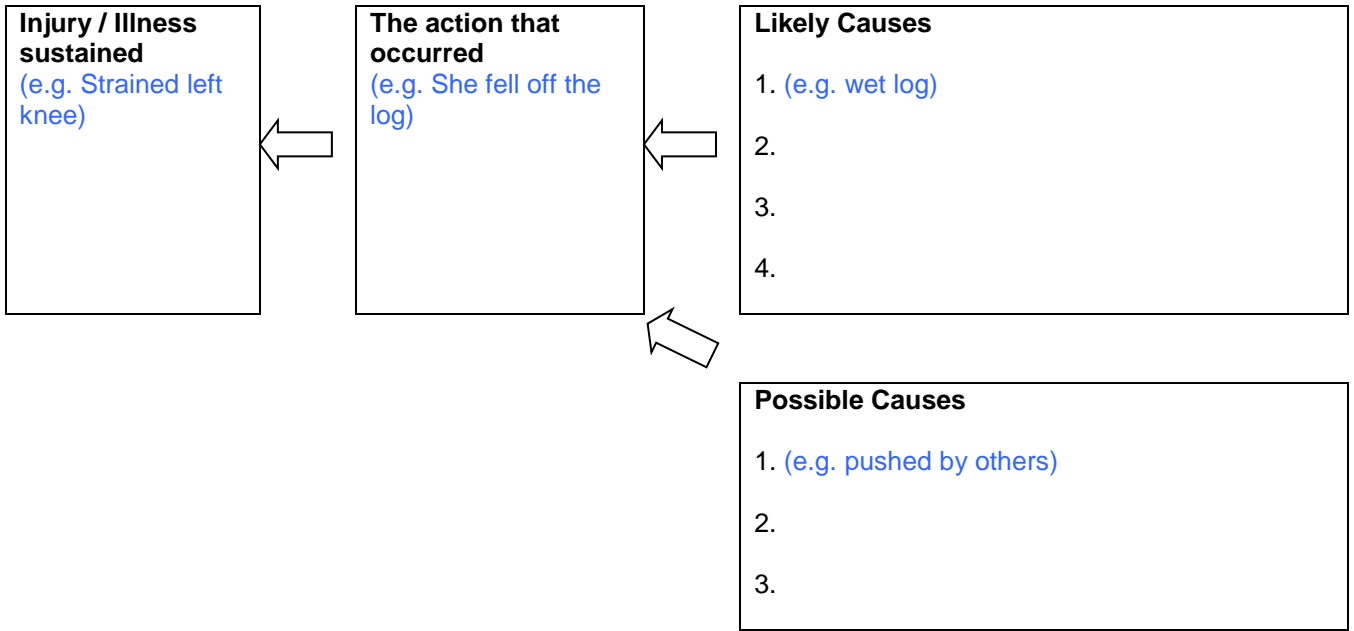
Name:

Contacts:

Narrative: (Description of events leading up to & following the accident/incident, plus any detail re/ conditions etc)



Causal Sequence



What actions could prevent reoccurrence?: (e.g. staff training needs, change to risk management etc)

Recommended actions: (including who is responsible for actions)

Date for Completion:

- 1.
- 2.
- 3.

Discussed with: EOTC Coordinator:
Safety Update to all staff:

Health and Safety Committee Meeting:

Signed off as Completed:

Signature:

Name:

Date:



Sample Form 17 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

17. EOTC Event Review

Person in Charge: _____

Event: _____

Date of event: _____

Incident Report(s) completed & filed

yes n/a

Behavioural incident Report(s) completed & filed

yes n/a

How where Learning Objectives met:

Item	Rating 1=low 5=high	Comment
1. Pre-activity organisation		
2. Programme suitability		
3. Travel arrangements		
4. Instruction		
5. Equipment		
6. Suitability of venue		
7. Accommodation		
8. Food		
9. Other		



Staffing

Supervision structure	
Preparation level	
Performance in roles allocated (name the person & role)	
Crisis management (who handled this & how was it handled)	
Near Misses	
Appropriateness of Event Management Plan	

Suggested changes	How they will be implemented	Who is responsible

TIC of Event

Signed: _____ Date: _____

EOTC Co-Ordinator

Signed: _____ Date: _____



Sample Form 18 <Insert school name/logo here>

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit. Use the align left, centre or right tabs on the tool bars to move your name and logo.

18. Health Profile

Student Information

Name: _____ **Year:** _____
Address: _____
Student email: _____ **Student cellphone:** _____

<p>1 Please tick if your child has any of the following:</p> <p><input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Fits of any type <input type="checkbox"/> Chronic nose bleeds <input type="checkbox"/> Heart Condition <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Colour Blindness <input type="checkbox"/> Other – Please specify</p> <p>..... </p> <p>2 Medical Alert Number (if applicable)</p> <p>..... </p> <p>3 Date of last tetanus injection?</p> <p>...../...../.....</p> <p>4 Is your child currently taking medication?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please state ailment/s</p> <p>..... </p> <p>Name of medication/s</p> <p>..... </p> <p>Dosage & time/s to be taken</p> <p>..... </p> <p>Other treatment</p> <p>..... </p>	<p>5 Has your child had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>6 Is your child allergic to any of the following?</p> <p>Prescription medication</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Food</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Other allergies</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Treatment required?</p> <p>..... </p>	<p>7 Outline any dietary requirements?</p> <p>..... </p> <p>8 What pain/flu medication may your child be given if necessary?</p> <p>..... </p> <p>9 To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p> <p>10 Is there any other information that staff should know to ensure the physical and emotional safety of your child? Eg. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p>
--	---	--

Please take time to update health information with the school office if there are any changes during the year.

