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|---|--|------------|--|
| School | | | |
| Student Name | | Cell Phone | |
| Sex | | Year | |
| Reason for Selection: (eg Head Student, BOT Member, Applied for it, etc) | | | |

| | | | |
|---|--|-------------------------|--|
| Caregivers Name | | Home Phone | |
| Any Medical Information that the organizers should be aware of? | | Cell Phone | |
| | | Day Phone | |
| Medication that the student will have with them: | | | |
| Any Special dietary requirements? | | | |
| Emergency Contact Name | | Emergency Contact Phone | |
| Family Doctor | | Phone | |

Acknowledgement of Risk

I understand that there are risks associated with involvement in school events and that these risks can not be reduced to zero. I also understand that the management of risk is a shared responsibility between the school staff and helpers and the participants.

It should not need to be stated, that following conditions apply:

1. School rules apply.
2. There will be no smoking or consumption of alcohol by students on this trip.
3. Staff members accompanying the trip have the power to make decisions for the welfare of the group and individuals. This implies that members of the group may be returned home if they do not comply with the rules. Parents will be contacted before such action takes place. The cost of such return must be covered by parents/caregivers.
4. Any loss or damage caused by a member of the group will be their liability and not the responsibility of the school.
5. Other adult members of the party will be shown the same respect as staff members.

Please read through the following points and tick the corresponding boxes:

- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.

Signature of Parent/Caregiver:

| | | |
|--|-------|--|
| | Date: | |
|--|-------|--|

Signature of Student:

| | | |
|--|-------|--|
| | Date: | |
|--|-------|--|

School Agreement: This school agrees to organise and meet all expenses if the student named on this form is returned home early for behavioural reasons.

Signature of Principal

| | | |
|--|-------|--|
| | Date: | |
|--|-------|--|

Please send this completed form to: Kate Anderson at: Email office@las.school.nz