**2015 China Trip**

**EOTC INFORMATION SHEET**

|  |  |
| --- | --- |
| This information applies to the trip: | |
| Location |  |
| Start Date |  |
| Finish Date |  |

This consent pack needs to be completed by all adult participants in the EOTC event, to comply with school health and safety requirements.

The purpose of the forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC event.

For safety reasons, please provide us with information that is accurate and complete.

The Consent Pack covers sections that are to be completed by each person attending the event.

1. Adult Participant Information
2. Adult Participant Competence
3. Adult Participant Health Profile
4. Adult Participant Consent and Acknowledgement of Risk

This consent pack or a copy will be taken on the event. A copy will be retained by the school contact.

**2015 China Trip**

**ADULT PARTICIPANT INFORMATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| GENERAL INFORMATION | | | |
| Name |  | Date of Birth |  |
| CONTACT DETAILS | | | |
| Home Address |  | | |
| Home Telephone |  | | |
| MEDICAL CONTACT DETAILS | | | |
| Family Doctor |  | Doctor’s phone |  |
| Doctor’s Address |  | | |
| Medic Alert Number  *(if applicable)* |  | Community Service Card Number |  |
| EMERGENCY CONTACT DETAILS | | | |
| CONTACT 1 *(first person to be contacted)* | | | |
| Name |  | Relationship |  |
| Address |  | | |
| Day Phone |  | Evening Phone |  |
| Mobile |  | Email |  |
| CONTACT 2 *(to be contacted if person 1 is unavailable)* | | | |
| Name |  | Relationship |  |
| Address |  | | |
| Day Phone |  | Evening Phone |  |
| Mobile |  | Email |  |

**2015 China Trip**

**ADULT PARTICIPANT CONSENT FORM**

I agree to myself taking part in the trip to China and have read the information sheet. I agree to my participation in the activities described. I acknowledge the need for me to behave responsibly and in the best interests of the children and the school at all times.

**ACKNOWLEDGEMENT OF RISK**

As an adult participant taking part in the school EOTC event:

* I have read the China trip information sheet 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 foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that the child participants have been involved in the development of safety procedures, I will do my best to ensure that I also follow these procedures.
* I know that I am able to ask any questions of the school about the activities I will be involved in, to gain a better understanding of the risks involved.
* I understand that I may withdraw from the activity if I feel at risk. This must be done in consultation with the Principal.
* I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to have my own insurance.
* If I am involved in a serious disciplinary problem or actions that threaten the safety of others, I might be sent home at my expense.
* I am willing to comply with requests of the Teacher in Charge and Principal and will follow safety procedures they have set.
* I am willing to assist in aspects of running the event, based on information I have supplied on the staff and Competence form.
* I agree there is no place for non-prescription drugs and alcohol on a school EOTC event.
* I accept the terms of my involvement as stated above.
* I certify that all information I have supplied on these forms is correct.

|  |  |
| --- | --- |
| TO BE READ AND SIGNED BY ADULT PARTICIPANT | |
| Print Name |  |
| Signed |  |
| Date |  |

**2015 China Trip**

**ADULT PARTICIPANT HEALTH PROFILE**

|  |  |
| --- | --- |
| Health Profile for: | |
| Name  *(please print)* |  |
| Medic Alert Number  *(if applicable)* |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PART 1**  Please tick if you have any of the following: | | | | | | | |
| Migraine |  |  | Epilepsy |  |  | Asthma |  |
| Diabetes |  |  | Travel sickness |  |  | Fits of any type |  |
| Chronic nose bleeds |  |  | Heart condition |  |  | Dizzy spells |  |
| Colour blindness |  |  | Sleepwalking |  |  | Bedwetting |  |
| Other *(please specify):* | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 2** | | | |
| Are you currently taking medication?  *(please circle one)* | | Yes | No |
| If YES, please state: | | | |
| Ailment/s |  | | |
| Name of medication/s |  | | |
| Dosage and time/s |  | | |
| Other treatment |  | | |
| Does this medication have any effect on your ability to participate in sports, outdoor activities and swimming? | | Yes | No |
| If YES, please state how: | | | |
|  | | | |

|  |
| --- |
| **PART 3** |
| When was your last tetanus injection? |
|  |

|  |
| --- |
| **PART 4** |
| Outline any dietary requirements: |
|  |

|  |  |  |
| --- | --- | --- |
| **PART 5** | | |
| To the best of your knowledge have you been in contact with any contagious or infectious diseases in the last four weeks? | | |
| *(please circle one)* | Yes | No |
| If YES, please give brief details: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **PART 6** | | |
| Is there any information the staff should know to ensure the physical and emotional safety of you?  *(For example cultural practices, disability, anxiety about heights/darkness/small spaces, behaviour or emotional problems).* | | |
| *(please circle one)* | Yes | No |
| If YES, please state or attach the information: | | |
|  | | |

|  |  |
| --- | --- |
| **PART 7** | |
| *(Please tick in the boxes below to show your consent)* | |
|  | I agree that if prescribed medication needs to be administered, I am able to self-administer. I will ensure that prescribed medication is clearly labelled, securely fastened and will include a readable label with instructions on its administration. |
|  |  |
|  | I will administer my own asthma medication as required. |
|  |  |
|  | 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 myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. |
|  |  |
|  | Any medical costs not covered by ACC or a community services card will be paid by me. |

**STAFF/PARENTAL ASSISTANT COMPETENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| I have the following skills/experience/qualifications *(tick or cross)* | | | |
| Qualification | Current | Not current | Notes (recent experience) |
| Car driver’s licence |  |  | Valid until: |
| Passenger service licence |  |  |  |
| First aid certificate |  |  | Valid until: |
| Teacher registration |  |  | Valid until: |
| CPR certificate |  |  |  |
| Instructor/coaching qualifications relevant to the activity *(list or attach)* | | | |
|  | | | |
| Swimming ability *(please describe)* | | | |
|  | | | |
| Other significant skills or experience relevant to the activity | | | |
|  | | | |

|  |  |
| --- | --- |
| TO BE READ AND SIGNED BY ADULT PARTICIPANT | |
| Print Name |  |
| Signed |  |
| Date |  |

This form or a copy will be taken on the event. A copy will be retained by the school contact.