**2015 China Trip**

**EOTC INFORMATION SHEET**

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

All forms need to be completed by all adult and student 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.

Separate forms are to be completed by each person attending the event.

1. Participant Information Form
2. Parental Consent and Acknowledgement of Risk
3. Student Contract
4. Health Profile
5. Passport Details

|  |
| --- |
| Student Contract: |
| We aim to run enjoyable, educational and safe trips for our students. For this to be achieved we expect high standards of behaviour from all pupils. While on our trip our school rules (and other rules specific to the experience) will apply 24 hours a day.  Naturally, the following items are strictly forbidden – alcohol, drugs, cigarettes, matches, lighters, fireworks, knives, unauthorised medication and **aerosol** cans. (e.g. hairspray, deodorant cans etc…. Non aerosol deodorant of course is required, and will be fully appreciated by all trip participants).  While it is unlikely to occur, the Trip Organiser has the authority to contact parents if a pupil breaches these rules and appropriate steps will be taken and deemed necessary by the Teacher in Charge. |

**Please return the completed forms to Mr Richmond by August 14th**

**2015 China Trip**

**PARTICIPANT INFORMATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| GENERAL INFORMATION | | | |
| Name of Student |  | Room Number |  |
| Date of Birth |  | Class teacher |  |
| CONTACT DETAILS | | | |
| Home Address |  | | |
| Home Telephone |  | | |
| Father’s Name |  | Father’s mobile |  |
| Mother’s Name |  | Mother’s mobile |  |
| 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 to student |  |
| Address |  | | |
| Day Phone |  | Evening Phone |  |
| Mobile |  | Email |  |
| CONTACT 2 *(to be contacted if person 1 is unavailable)* | | | |
| Name |  | Relationship to student |  |
| Address |  | | |
| Day Phone |  | Evening Phone |  |
| Mobile |  | Email |  |
| CONTACT 3 *(to be contacted if person 1 and 2 are unavailable)* | | | |
| Name |  | Relationship to student |  |
| Address |  | | |
| Day Phone |  | Evening Phone |  |
| Mobile |  | Email |  |

**2015 China Trip**

**PARENTAL CONSENT FORM**

I agree to my child taking part in the 2015 CHINA TRIP and have read the information sheet. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly and to follow all directions given by the two teachers who are accompanying the group.

**ACKNOWLEDGEMENT OF RISK**

I have read the 2015 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 my child has been involved in the development of safety procedures; I will do my best to ensure that my child follows 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.

My child and I both understand that any actions that they might take during the experience can only be taken with the permission of the teachers in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own child’s insurance policy.

|  |  |
| --- | --- |
| TO BE READ AND SIGNED BY PARENT/CAREGIVER OF CHILD PARTICIPANT | |
| Print Name |  |
| Signed |  |
| Date |  |

**2015 China Trip**

**STUDENT CONTRACT**

I understand that this event is an opportunity for me to learn, practice skills and gain attitudes and values in an environment outside the classroom. I realise that this requires me to take on responsibility for my own learning and safety and that of others.

I agree to do the following to make this happen:

* Show courtesy and consideration to others.
* Follow the rules and instructions of staff and other supervisors at the event.
* Take part in all activities as directed
* Look after myself and my personal belongings.
* Declare medical conditions that could affect participation in the event.
* Accept the rules and directions for the event, even if they are different from what is accepted at home.
* Be enthusiastic in trying new things such as food and other activities.

I understand that my parents / caregivers will be contacted and I may be sent home at their expense if:

* My actions are considered unacceptable by staff
* My actions put me or others in any danger.

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

**2015 China Trip**

**HEALTH PROFILE**

|  |  |
| --- | --- |
| Health Profile for: | |
| Student 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/his/her ability to participate in sports, outdoor activities and swimming? | | Yes | No |
| If YES, please state how: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 3** | | | |
| 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? | | | |
| *(please circle one)* | | Yes | No |
| If YES, please state: | | | |
| Injury/illness |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 4** | | | |
| Are you allergic to any of the following? | | | |
| Description: | Yes | No | Please specify: |
| Prescription medication |  |  |  |
| Food |  |  |  |
| Insect bites/stings |  |  |  |
| Other allergies |  |  |  |
| What treatment is required? | | | |
|  | | | |

|  |
| --- |
| **PART 5** |
| When was your child’s last tetanus injection? |
|  |

|  |
| --- |
| **PART 6** |
| Outline any dietary requirements: |
|  |

|  |
| --- |
| **PART 7** |
| What pain/flu medication may your child be given if necessary? |
|  |

|  |  |  |
| --- | --- | --- |
| **PART 8** | | |
| To the best of your knowledge have you or your child 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 9** | | |
| Is there any information the staff should know to ensure the physical and emotional safety of your child?  *(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 10** | |
| *(Please tick in the boxes below to show your consent)* | |
|  | I also 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 before the commencement of the trip with instructions on its administration. |
|  |  |
|  | I agree to my child self-administering their 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 my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present and the teachers in charge. |
|  |  |
|  | Any medical costs not covered by ACC or insurance or a community services card will be paid by me. |
|  |  |
|  | If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense. |

|  |  |
| --- | --- |
| TO BE READ AND SIGNED BY PARENT/CAREGIVER OF CHILD 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.

**2015 China Trip**

**PASSPORT DETAILS**

|  |  |
| --- | --- |
| **Passport Details** | |
| Full Name of student  *(as shown on current passport)* |  |
| Passport Type  *(New Zealand, Australian etc.)* |  |
| Passport Number |  |
| Passport Expiry Date |  |

**VISA INFORMATION**

All members of our group will need a visa (unless the member has a Chinese passport).

**YOU** will need to contact the necessary embassy for details and requirements for processing.

**WE** will be organising this on your behalf.

|  |  |  |
| --- | --- | --- |
| **Visa Requirement** | | |
| My child requires a Visa  *(please circle one)* | Yes | No |
| We will require 6x colour photocopies of your child’s valid passport (photo page) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |
| --- |
| **For more information you may refer to:** |
| **Consular Office, Consulate-General of the People's Republic of China in Auckland**  **Street address:**630 Great South Road, Greenlane, Auckland  **Telephone:**09 5265680, 09 5793080  **Facsimile:**09 579 4288  **Email:**chinaconsul\_ak\_nz@mfa.gov.cn  **Website:**www.chinaconsulate.org.nz |

**2015 China Trip**

**FORMS CHECKLIST**

**PLEASE DOUBLE CHECK**

Have you completed all sections on the following forms?

|  |  |
| --- | --- |
| *Tick in the box to check:* | |
|  | Participant Information Form |
|  |  |
|  | Parental Consent form (acknowledgement of risk) |
|  |  |
|  | Student Contract |
|  |  |
|  | Health profile |
|  |  |
|  | Passport Details |

**These forms to be returned to Mr Richmond by August 14th**