



MOTUTAPU
outdoor education camp

School/Group Name:		Date of camp:	
First Names:		Surname:	
DOB:		Gender:	
Address:			
Emergency Contact Details			
Names:		Relationship:	
Day Phone:		A/H Phone:	
Mobile Phone:		Other:	
Medical History			
Covid 19 Vaccinated: YES/NO (please circle)		Tetanus Current: YES/NO (please circle)	
Are there any conditions that may restrict participation in activities such as:			
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Heart Conditions
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Mental Disabilities
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Physical Disabilities
<input type="checkbox"/>		<input type="checkbox"/>	Diabetes
<input type="checkbox"/>		<input type="checkbox"/>	Recent Injuries
<input type="checkbox"/>		<input type="checkbox"/>	Recent Head Injury
<input type="checkbox"/>		<input type="checkbox"/>	Other...
Please give details:			
Does the participant have any Dietary Requirements?			
Please give details:			
Parental Consent			
<ul style="list-style-type: none"> • I _____ (insert name) agree to myself/my child taking part in outdoor recreation activities located at the Motutapu Outdoor Education Camp. I have received sufficient information on which to base a decision. • I agree to my/their participation in the activities described. I acknowledge the need for me/them to behave responsibly. 			
Acknowledgement of Risk			
<ul style="list-style-type: none"> • I have read the EOTC event information, and I understand that there are risks associated with involvement in school EOTC events and 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 in consultation with the person in charge. • I acknowledge that there is risk involved in outdoor activities and MOEC staff undertake to exercise due care, to use correct outdoor techniques and to minimise exposure to known risks. I understand that all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of MOEC and staff. • I agree that if myself/daughter/son/ward suffers injury or illness, MOEC can at my cost arrange medical treatment and emergency evacuation services as MOEC deems appropriate for the participants safety or wellbeing. 			
Date:		Signature: _____	