

Bayfield High School
Activity Approval and Medical Information

Student's Name: _____ Class: _____

Address: _____

Phone: _____ (Home) _____ (Work)

Emergency Phone: _____ (Day) _____ (Night)

Doctor's Name: _____ Phone: _____

Personal and Medical Information

Swimming Ability: non-swimmer / fair / average / strong swimmer

Dietary Requirements: vegetarian / non-vegetarian / other _____

Anti-Tetanus Serum: current / not current / unsure

Medical Concerns:

Nature of concern: _____

Treatment _____

All existing medical concerns must be stated since camp staff do not have access to medical files held at school. A separate sheet can be used if necessary.

If tablets or other medication are needed, this must be appropriately named and handed in to the teacher in charge. Please list instructions here: _____

Asthma inhalers – two inhalers must be provided. One is to be retained by the student, and the other named spare to be handed in as above.

Signature of Parent / Caregiver _____ **Date:** _____

I HAVE READ AND AGREE TO THE CONDITIONS OUTLINED

Please return this document with the Permission Information by Thursday, 12th November

**Bayfield High School
Permission Information**

Activity: Year 10 Outdoor Education to be held at Otago Youth Adventure Trust Centre (Tautuku)

Date: Monday, 30 November to Friday, 4 December

I give my permission for my daughter /son to participate in the above activity, and I agree that she / he should take part in such tasks or duties as may be required by the staff. I authorise the obtaining on my behalf of any medical assistance or other assistance if, in the opinion of the staff, such assistance is necessary, and agree to meet any costs thus incurred.

Should my daughter / son be involved in a serious disciplinary problem, I accept that she / he may be sent home at my expense.

I agree that in the case of an emergency at home that requires the return home of my daughter / son, I shall consult with the Principal and be prepared to make every reasonable effort to assist in such a request.

To the best of my knowledge, my daughter / son has no medical or physical disability not already mentioned that is likely to prove detrimental to her / him or others on this activity.

I have checked that my **daughter / son have all the appropriate clothing and equipment** as outlined on the equipment list for the activity.

This form is to be completed and returned to the Student Office by **Thursday 12th November**.

Parent Help at Camp

Name:

Contact Details:

Email:

I would be interested in attending the camp as a parent assistant. I would be happy to be involved in helping with:

- Cooking/Kitchen
- Outdoor Activities

Please list any special skills you may have:

We have limited space available but will do our best to accommodate interested parents. Please be aware that we will need to complete a Police Vetting process before you can be accepted as a camp helper.