

FAHSFeilding High School

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Churcher Street Feilding 4702, New Zealand **Principal:** Mr N.J. Stewart BSc, PGDipEd

Blanket Consent for EOTC

Education Outside The Classroom (EOTC) is the name given to all events/activities that occur outside the classroom, both on and off the school site. This includes sport.

- Our school believes in using a range of environments and experiences to enhance our students' learning.
- We have ready access to a range of outdoor learning environments and various school and community facilities. These areas are rich learning environments for our students both in and out of school. Therefore some of the learning for students occurs beyond the classroom and this document is seeking your consent for your child/ren to participate in such learning.

In line with Ministry of Education guidelines FAHS-Feilding High School identifies four EOTC activity categories, each with recommended types of parental/caregiver consent. Some examples of these types of activities are given below. In brief they are:

Category of event	Description	Type of consent
A	On-site events in the school grounds (i) Lower risk environments (eg. athletics day, horticulture plot) (ii) Higher risk environments* (eg. swimming in the school pool)	(i) No consent sought (ii) Blanket consent
В	Off-site events in the local community occurring in school time. (i) Lower risk environments (eg. sports events, museum visit) (ii) Higher risk environments* (eg. river visit, cross country run)	(i) Blanket consent (ii) Blanket consent
С	Off-site events occurring or finishing outside of school time. (i) Lower risk environments (eg. farm visit, visit to local park/bush) (ii) Higher risk environments* (eg. river swimming, rock climbing)	(i) Blanket consent (ii) Separate consent for each event or programme
D	Off-site residential overnight events (i) Lower Risk Environments (eg. sports exchanges) (ii) Higher risk environments (eg. overseas trips, trips into alpine environments)	(i) Separate consent for each event or programme (ii) Separate consent for each event or programme

^{*}Involves risk assessed to be greater than that associated with the average family activity.

All EOTC activity categories require staff to undertake an analysis of the risks, and identify the management strategies required to eliminate, isolate and minimise the risks, but some risks cannot be completely eliminated. Emergency procedures are also in place.

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BLANKET CONSENT					
I agree to the participation of whilst a student at Feilding High School.	in EOTC categories A and B and <i>lower risk</i>				
I understand that I will be required to give separate consent for m category ${\bf D}$. At any time I may withdraw my consent by contacting					
I have completed the Medical and Personal Information Disclosur	e form over the	page.			
I will ensure the school office is informed of any changes to per extracurricular staff are informed of any changes to medical and					
I give permission for the school to act on my behalf in an emergover the cost of any expenses and understand that I am respons					
I give permission for media (video, images) of my child on school party providers for social media such as Facebook and other mar		, ,			
I am a competent speaker of English and understand this form fu	lly. Yes / No ((circle)			
Parent/ Caregiver Name:	Parent/ Caregiver Signature:				
	Date:				

	FAHS – Feilding High School	Student Medical and Personal Information Disclosure										
	STUDENT'S DETAILS											
Name		Date of Birth										
Address	Address											
PARENT/CAREGIVER CONTACT DETAILS												
Name				Relation	ship							
Home Phone				Work pl	none							
Mobile P	hone			Email								
Doctor's	Name			Doctor's	Number							
Medical & Personal Information												
In order for FAHS — Feilding High School to provide safe, enjoyable, quality experiences for all it is vital that we have as much information as possible about our participants. This information will not affect your programme attendance, however, you/guardian/ FAHS—Feilding High School may need to put extra support in place or alter the activity/programme to cater for your specific needs. It is essential that you give us accurate and detailed information . Attach an additional sheet if necessary. Please be open and honest about the smallest of things. Where information is omitted or inaccurate, the activity start may be delayed or the student may not be allowed to participate in order to meet mandated safety standards.												
Medical issues: Please provide details of any particular medical issues, e.g. asthma, epilepsy, diabetes, recent operations, etc. (with extra detail below or on a separate page as required). Please provide written details from a medical practitioner for any moderate to severe issues. eg. anxiety, depression, anaphylaxis etc												
Medication: Please provide details (name of drug/ dosage / frequency / other relevant details) of any current or recently finished medication.												
Dietary needs: Please provide details of any particular dietary needs e.g. gluten, lactose, vegetarian, food allergies (with extra detail given below)												
Date of last	t tetanus inoculation or	booster: /	1	(Rec	ommended to be	e within the la	st 10 years)					
COVID – 19	Dates of Vaccinations:	Vaccination 1:	/ /		Vaccination	n 2: /	1	T				
Care Plan	: Is there a care pla	n relating to your	child? (Plea	se attach a	сору)			Yes	No			
Allergies	/ Medical: Please p	rovide extra detai	il here	Do you carr	y an Epipen?			Yes	No			
Aller	gen / Medical	Severity	Trigg	gers	Sympto	oms	Re	emedy				
Intellectual, Social, Cultural, Behavioural or other issues- that may affect the participant's understanding or perception of physical or emotional risk, or ability to fully participate in the objectives of the programme e.g. ASD, PTSD, command of the English language, cultural sensitivities etc.												
Physical Abilities: Fitness levels, old or new Injuries, operations, restricted movement, hyper/hypo mobility, conditions, wheelchair use etc.												
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