



COTSWOLD SCHOOL
EOTC HEALTH PROFILE
Jellie Park Swimming
14-25 November, 2022

*This profile is designed to assist in the care of all participants at EOTC events, including adults.
One form must be completed for EACH participant.*

Name: _____ Medic Alert No: (If Applicable) _____

Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	Fits Of Any Type	<input type="checkbox"/>
Chronic Nose Bleeds	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	Other (Please Specify)			

For Overnight Events:

NOT

Sleepwalking ☐ Bedwetting ☐

Are You Currently Taking Medication?

If YES, Please State: Yes ☐ No ☐

Ailment(s): _____

Name Of Medication(s): _____

Dosage & Time(s) To Be Taken: _____

Other Treatment: _____

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?

Yes ☐ No ☐

If YES, Please State The Injury/Illness: _____

Are You Allergic To Any Of The Following?

	Please Specify	
Prescription Medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect Bites/Stings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What Treatment Is Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When Was Your Last Tetanus Injection? _____

Outline Any Dietary Requirements _____

What Pain/Flu Medication May Be Given If Necessary? _____

To The Best Of Your Knowledge, Have You Been In Contact With Any Contagious Or Infectious Diseases In The Last Four Weeks? Yes ☐ No ☐

If YES, Please Give Brief Details: _____

Is There Any Information The Staff Should Know To Ensure Your Physical And Emotional Safety? (For Example Cultural Practices; Disability; Anxiety About Heights/Darkness/Small Spaces; Pregnancy; Behaviour Or Emotional Problems). Yes ☐ No ☐

If YES, please state or attach the information. _____

To Be Read & Signed By Adult Participant Or Parent/Caregiver Of Student Participant

I 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 with instructions on its administration.

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/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 service 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 any expense.

Name: _____

Signature: _____

Date: _____



COTSWOLD SCHOOL
EOTC EVENT
PARENTAL CONSENT & RISK DISCLOSURE
Jellie Park Swimming
14-25 November 2022

It is important that this Parental Consent And Risk Disclosure form and the Health Profile form are 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.

Please return this form to the school by **4 November 2022**

A separate Health Profile form is to be completed for each person attending the event.

School/Group: **Rms 5,6,7,8,9,11,12,18,19,20 (Rm 20 Yr4)**

Details Of Event: **Jellie Park Yr 2-6 Swimming Lessons**

Location: **Jellie Park, Christchurch**

Start Date: **14 November** Time: **9:00am**

Finish Date: **25 November** Time **2:30pm**

PARTICIPANT INFORMATION FORM *(Please complete these details)*

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Year Or Class Level: _____ Age: _____

Class Teacher: _____

Family Doctor's Name _____ Phone: _____

Address _____

Medic Alert Number (if applicable): _____

EMERGENCY CONTACT DETAILS *(Please provide at least two sets of contact details)*

Name:	Cell Phone:
Relationship:	Age:
Address:	
Day Phone:	Evening Phone:
Cell Phone:	

Emergency Contact 2	
Name:	Cell Phone:
Relationship:	Age:
Address:	
Day Phone:	Evening Phone:
Cell Phone:	

Parental Consent

I agree to my child / myself taking part in the EOTC event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgment Of Risk

I have read the EOTC event 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 and I follow these procedures.

I know that I am able to ask any questions of the school about the activities I / 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. My child and I both understand that I / they may withdraw from the activity if I / they feel at risk. This must be done in consultation with the person 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 insurance policy.

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 any expense.

This form should be completed, read and signed by Adult Participant or Parent/Caregiver of Child Participant.

Name:	
Signature:	Date: