



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 Epilepsy Asthma
 Diabetes Travel Sickness Fits Of Any Type
 Chronic Nose Bleeds Heart Condition Dizzy Spells
 Colour Blindness Other (Please Specify)

For Overnight Events: _____

NOT APPLICABLE

Sleepwalking

Yes

No

Are You Currently Taking Medication? _____

If YES, Please State: _____

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?

If YES, Please State The
 Injury/Illness: _____

Are You Allergic To Any Of The Following?

Prescription Medication

No

Food

No

Inset Bites/Strings

No

Other Allergies

No

What Treatment Is Required?

Please Specify

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

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: _____

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? _____

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).

If YES, please state or attach
 the information.

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.



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)

Emergency Contact 1
Name: **.....** **Cell Phone:** **.....**
Relationship: **.....** **Age:** **.....**
Address: **.....**

Emergency Contact 2
Name: **.....** **Cell Phone:** **.....**
Relationship: **.....** **Age:** **.....**
Address: **.....**

Day Phone: **.....** **Evening Phone:** **.....**
Cell Phone: **.....**

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: **.....** **Date:** **.....**
Signature: **.....**