



Student Name: _____ **Class / Year Level:** _____

Trip / event name: Tri Club South Island Secondary Schools' Road Race - Dunedin

Trip Date(s): Saturday 1 December - Sunday 2 December **Teacher in Charge:** Christopher Waugh

Please return this form to the office by: 23 November 2018

Payment to be received by: 23 November 2018 **Payment Amount:** \$125.00

Methods of payment:

- * *Cash: – a receipt will be issued by the office for all payments over \$5*
- * *Cheques: - made payable to "Mount Aspiring College"*
- * *Eft-pos: - a receipt will be issued.*
- * *Internet Banking: - Please reference with child's full name and trip name, eg L2Geo Trip, Summer Quad, 8SD Camp Account Name: Mount Aspiring College, Account Number: 031739 0027820 00*

Trip description / purpose:

Tri Club South Island Secondary Schools' Road Race

To be read and signed by adult assistant or parent / caregiver of student participant.

Parental Consent

I agree to my child taking part in the EOTC event and have received sufficient information on which to base a decision. I agree my child's participation in the activities described. I acknowledge the need for him / her to behave responsibly.

Acknowledgement of Risk

I have received information about the EOTC event 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 my child has been involved in the development of safety procedures. I will do my best to ensure that my child follows 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 he / she may withdraw from an activity if he / she feels 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.

Parent / Caregiver Name (printed)

Signature:

Date:

IMPORTANT: Medical Update

Each student should have completed a medical summary form at the start of the year and / or on enrolment and the details from these are held on our college database.

However, **if there are injuries, illnesses or other medical conditions that have arisen during the year** please supply details overleaf.

Medical Update

If there is any information about your child which needs to be updated please supply in the space below detailing:

- Nature of injury / illness / medical condition
- Dates associated with the condition
- Any medication which is currently being taken

Recent injuries

Recent Illnesses

Recent Medical Conditions

Thanks for keeping us informed. We will endeavour to enter this information onto our college database as soon as possible.

However, please do not assume that this will be an immediate process – it is better to err on the side of caution and supply this information several times if your child is going on several trips unless you are confident that your son / daughter's record has already been updated.

Remember that you can always call the college directly to log any changes to your child's medical records.