



UPPER HUTT SCHOOL

Kia tupu i ēnei kākano hei rakau nui
May these tender seedlings grow into mighty trees

Friday, 5th July

RE: Important health information for your child(ren)

Dear Year 5 & 6 Parents, Caregivers and Whānau

There are two pages of information coming home today that are required for YMCA and Upper Hutt School. They need to be returned to school no later than **Friday 2nd August**.

If you have any questions or comments please don't hesitate to get in contact with your child's classroom teacher.

Aku mihi nui ki a koe (Many thanks)

Zoe Eggleton
Deputy Principal
528 6541
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Martin Street
Upper Hutt

Phone (04) 939 6634
admin@upperhuttsschool.nz

Year 5 and 6 Student Health Profile

Name _____ Room _____

For overnight events: You may choose to talk to the teacher about this if you prefer.

Please write 'Yes' or 'No'. does you child:

Sleepwalk?		Bedwet?		Very high anxiety when sleeping away from home?	
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If 'Yes' please explain how you manage this.

Is there any other information the staff should know about your child's health and well being when away at the sleepover?

Parent name (please print): _____

Parent signature: _____ Date: _____



PARTICIPANT/SUPERVISOR INFORMATION

Every person (adults and children) attending Kaitoke Outdoor Education Centre Outdoor Education programmes must provide the below information.

NAME OF GROUP:		DATES OF CAMP:	
PERSONAL DETAILS			
NAME:		PHONE:	
ADDRESS:			
PARENT/CAREGIVER/NEXT OF KIN			
NAME:		PHONE:	
ADDRESS:			
HEALTH INFORMATION <i>The following information is requested in order to manage participant safety.</i>			
DOCTORS NAME:		PHONE:	
SURGERY:			
Do you have any dietary requirements*	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you require any regular medication?*	Y <input type="checkbox"/> N <input type="checkbox"/>
Can you swim 50m?	Y <input type="checkbox"/> N <input type="checkbox"/>	Are you allergic to any medication, food, insects etc*	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have, or have you had any illnesses such as diabetes, epilepsy, asthma etc? *	Y <input type="checkbox"/> N <input type="checkbox"/>	Have you had any contact with contagious diseases (e.g. hepatitis, measles) *	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have a severe fear of heights	Y <input type="checkbox"/> N <input type="checkbox"/>	Is your tetanus inoculation current?	Y <input type="checkbox"/> N <input type="checkbox"/>
In the last 6 months have you received treatment for a serious injury *	Y <input type="checkbox"/> N <input type="checkbox"/>	Do you suffer from any ongoing medical condition*	Y <input type="checkbox"/> N <input type="checkbox"/>
*please provide further information below if answered yes			
PARTICIPANT AGREEMENT			
Kaitoke Outdoor Education Centre (KOEK) operates in accordance with the broader YMCA policy and procedures. KOEC adheres to the core values of the YMCA - Caring, Respect, Honesty and Responsibility. Further, KOEC operates according to its Safety Management system.			
RISK ACKNOWLEDGEMENT			
I understand there are risks involved in the activities my child/I will be undertaking. I also understand that an unpredictable or uncontrollable event may occur that could possibly cause me serious harm or death. I'm aware of the importance of my child/my voluntary participation and the consequences should they/I ignore the YMCA staff directions. I acknowledge that the organisation is responsible for all risk management for every person on site and will take all reasonable and practicable steps to keep my child/I safe while they/I am involved in these activities. However, I accept full responsibility for my child/my own actions or inaction.			
ADVENTURE ACTIVITIES			
I understand that I / my child will be participating in (but not limited to) the following Adventure Activities: High Ropes, Zip Line, Giant Swing.			
GEAR MANAGEMENT			
During the period of the programme you may be issued with and be using various forms of equipment. Whilst under your care or use, you will be responsible for its condition. This means that should you break or damage any equipment, by any means other than an accident or by normal wear and tear, you will be required to pay for it. We are sure that during the normal running of the programme and with a sensible attitude no problems of this nature will arise.			
NO ALCOHOL OR DRUGS			
You will not be allowed to participate whilst under the influence of drugs or alcohol.			
PHOTOS			
I give permission for photos to be taken, for the purpose of promoting YMCA at the discretion of the YMCA? Y <input type="checkbox"/> N <input type="checkbox"/>			
DECLARATION			
I have read, and understood, and agree to the above. I also agree to follow all rules and other guidelines set out to me, and agree to the YMCA core values of Caring, Respect, Honesty, Responsibility, and agree to listen to all staff and supervisors at all times. I acknowledge that if I cannot follow these, and I am not prepared to remedy the problem I will be expected to leave the programme.			
SIGNED			
Signed: (Participant)		Date	
Signed (parent/Caregiver, if U18)			