



196 College Street, Palmerston North 4412, New Zealand. Phone: (06) 358 2465. Email: office@westend.school.nz www.westend.school.nz

## EOTC (Education outside the classroom) Permission Form

**NB: Camp permission forms will be sent separately**

### PARENTAL PERMISSION

**Child's Name:**

**Your Name (Parent / Caregiver):**

*I approve of my child attending activities outside the school boundaries. I agree that he/she should take part in any activities as may be required by the staff. I understand the school will not accept responsibility for loss or damage of personal property (check own household insurance policy).*

**Signature of Parent/Caregiver:**

**Date:**

### HEALTH

**Please fill in as fully as possible:** In the event of any accident or illness, I authorise the obtaining, on my behalf, such medical assistance as may be required and agree to meet the costs, which may be incurred.

**Please circle anything from this list from which your child suffers:** Asthma, Heart Condition, Travel Sickness, Fits (of any type), Sting Allergies, Hayfever, Allergies, Haemophilia, other ...

**Please provide full information on usual treatment:**

**Drugs my child is allergic to:**

**Last Tetanus immunisation?**

**Doctor's name:**

**Community Health Card Number (optional):**

I authorise the Teacher-in-Charge of the excursion to consent, where is it impractical to communicate with me, to the child receiving such medical treatment as deemed necessary.

**Signature of Parent / Caregiver:**

**Date:**



Working Together  
Mahi Tahī

Thinking Together  
Whakaaro Tahī

Learning Together  
Akoako Tahī

