

**DISTRICT 9920 Rotary International  
RYPEN 2025  
21 to 23 March 2025  
Kokako Lodge, 235 Falls Road, Hunua, Auckland**

## EOTC OVERNIGHT TRIP/EVENT CONSENT

### PARENT CONSENT FORM

Details on these forms will remain confidential to District 9920 Rotary International , host committee for RYPEN 2025, contractors and volunteers associated with supervising activities on the camp. For safety reasons, please provide us with information that is accurate and complete.

### PART A – PARTICIPANT INFORMATION

Full student name \_\_\_\_\_ DoB \_\_\_\_\_

### PARENT / CAREGIVER CONTACT DETAILS

In the event of, e.g. an accident, emergency or change of plans, supervising staff will require two sets of contact details. Please make sure they are accurate and legible. *(Please print)*

1. Name \_\_\_\_\_ *(emergency contact)*

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

2. Name \_\_\_\_\_ *(emergency contact)*

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

### PART B– HEALTH PROFILE

Family doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address or Practice \_\_\_\_\_

Community service card no. \_\_\_\_\_

1. Please tick if you suffer from any of the following (if applicable)

|                 |                          |                              |                          |                     |                          |                 |                          |
|-----------------|--------------------------|------------------------------|--------------------------|---------------------|--------------------------|-----------------|--------------------------|
| Migraine        | <input type="checkbox"/> | Epilepsy                     | <input type="checkbox"/> | Asthma              | <input type="checkbox"/> | Diabetes        | <input type="checkbox"/> |
| Travel Epilepsy | <input type="checkbox"/> | Seizures 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"/> | Allergies           | <input type="checkbox"/> | Bedwetting      | <input type="checkbox"/> |
| Sleepwalking    | <input type="checkbox"/> | Other (please specify) _____ |                          |                     |                          |                 |                          |

2. Is this student currently taking medication?

If YES, please state ailment (s) \_\_\_\_\_

Name of medication (s) \_\_\_\_\_

Dosage and time(s) to be taken \_\_\_\_\_

Other treatment \_\_\_\_\_

- I agree that all prescription medication will be clearly labelled in the original container, securely fastened and adequate instructions provided for administration purposes.

3. Has this student 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 injury / illness \_\_\_\_\_

4. Is this student allergic to any of the following:

*Please specify*

Prescription Medication Yes  No  \_\_\_\_\_

Food Yes  No  \_\_\_\_\_

Insect bite / stings Yes  No  \_\_\_\_\_

Other allergies Yes  No  \_\_\_\_\_

What treatment is required? \_\_\_\_\_

5. When was your child's last tetanus injection? \_\_\_\_\_

6. Outline any dietary requirements. \_\_\_\_\_

\_\_\_\_\_

7. What pain/flu medication may your child be given if necessary?

\_\_\_\_\_

8. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last 14 days? Yes  No

If yes please give brief details

\_\_\_\_\_

9. Is there any information the staff should know of to ensure the physical and emotional safety of your child? (for example, cultural practices; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

Yes  No

If yes please give brief details

\_\_\_\_\_

### PART C – AQUATIC ACTIVITY CONSENT (if applicable)

| Swimming ability                       | Yes                      | No                       | Don't Know               |
|--|--------------------------|--------------------------|--------------------------|
| Is your child able to swim 50 metres?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child confident in deep water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your child able to survival float?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### COVID 19 HEALTH SCREENING

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Have you been outside of New Zealand in the last 14 days?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been in contact with anyone with either flu like symptoms | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any of the following in the last 14 days?             | <input type="checkbox"/> | <input type="checkbox"/> |
| A cough  | <input type="checkbox"/> | <input type="checkbox"/> |
| A Temperature higher than 38C                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of breath  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sore throat  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sneezing and a runny nose (not allergy)                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary loss of smell  | <input type="checkbox"/> | <input type="checkbox"/> |
| Muscular pains   | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have anything else to disclose in regard to Covid19?

### PART D – PARENTAL CONSENT AND RISK DISCLOSURE

To be read and signed by the student and parent / caregiver.

#### Acknowledgement of risk

- I have read the information letter and I understand that there are risks associated with involvement in RYPEN Camp events and that these risks cannot be completely eliminated.
- I understand that the District 9920 Rotary International, host club for RYPEN 2025 will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. 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 District 9920 Rotary International, host club for RYPEN 2025 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. My child and I both understand that they may withdraw from an activity if they feel at risk. This must be done in consultation with the person in charge.

#### Health Profile

- I will inform the District 9920 Rotary International, host for RYPEN 2025 as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the trip.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.
- Any medical costs not covered by ACC or a community services card will be paid by me.

#### Other

- I approve of my child participating in the event activities outlined.
- I approve of my child travelling to and from venue(s) and agree that he/she should take part in such activities and duties as may be required by staff.
- I will ensure that my child brings all gear required - as per attached list.
- I understand that the District 9920 Rotary International host for RYPEN 2025 will not accept responsibility for loss or damage of personal property or monies.
- I accept that the District 9920 Rotary International, host for RYPEN 2025 reserves the right to inspect luggage and to confiscate any items which are considered dangerous or forbidden.

- I understand that my child must obey the rules set out by the teachers in charge and that if he/she should break those rules or should be his/her behaviour endanger the safety of any member of the party in any way, then I agree that my child may be sent home at my expense.
- I have read these conditions to my child and regardless of what is permitted at home, there is to be no smoking, drinking of alcohol or use of drugs (other than those on the Health Profile form).
- Code of Conduct Covid19 pandemic (appendix)

Name of Parent/Guardian (*please print*)

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Student (*please print*)

\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**THE COMPLETED FORM MUST BE PRESENTED TO THE ORGANISER AT THE START OF THE CAMP. THIS IS RETAINED BY THE KOKAKO LODGE AND FORM PART OF THEIR HEALTH & SAFETY MANAGEMENT PLAN. A COPY SHOULD BE RETAINED BY THE DISTRICT 9920 ROTARY INTERNATIONAL SUB COMMITTEE, HOST FOR RYPEN 2024 CONTACT.**