

## Parental Consent, Emergency Contacts and Risk Disclosure

School/group: \_\_\_\_\_

**Details of event:**

Location: \_\_\_\_\_

Start date: \_\_\_\_\_ Time: \_\_\_\_\_

Finish date: \_\_\_\_\_ Time: \_\_\_\_\_

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**PARTICIPANT INFORMATION FORM**

Please complete these details:

Name Student ID \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Year or class level \_\_\_\_\_ Age \_\_\_\_\_

Form Teacher \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Community Services Card number \_\_\_\_\_

Medic Alert number (if applicable) \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN ON THE EVENT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**

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**EMERGENCY CONTACT DETAILS** (please provide at least 2 sets of contact details)

Contact 1: Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Contact 2: Alternative contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

**Parental Consent**

I agree to my child/myself taking part in the EOTC event and have received sufficient information on which to base a decision. I agree to their/my participation in the activities described. I acknowledge the need for them/me to behave responsibly.

**Acknowledgement 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 my child has been involved in the development of safety procedures. I will do my best to ensure that I/my child 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 through a 'challenge by choice'\* procedure. My child and I both understand that I/they may withdraw from an 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* 'challenge by choice' means the participant chooses their own level of challenge within a supportive peer environment.