

# BRUCE McLAREN INTERMEDIATE SCHOOL

## YEAR 8 EOTC 2018

### IMPORTANT INFORMATION

- **WHEN & WHERE:**

Year 8 students will be divided into four groups. Over the four days, each group will visit Woodhill Mountain Bike Park, Tree Adventures, Auckland Zoo, Snowplanet, Goat Island Snorkelling and Goat Island Marine Discovery Centre.

- **PARENT PERMISSION & STUDENT DETAILS FORM:**

This is attached. Please complete and **return to school no later than Wednesday, 4<sup>th</sup> July 2018**. *Please note:* Some of the venues require their own permission slips to be completed – these will be sent home closer to the time.

- **PARENT HELPERS:**

We need lots of parent helpers to make this week possible! If you are able to help out, please complete the attached parent helper form and **return to school no later than Wednesday, 4<sup>th</sup> July**. All parent helpers will need to be Police Vetted. Police Vetting is processed by the school.

- **PAYMENT:**

Year 8 EOTC is in two parts: Part 1: \$30 for Beach Ed (Term 1); Part 2: \$240 for EOTC Week (Term 3) = Total: \$270. Payment needs to be paid in full before EOTC week starts.

'2 for 1' DEAL: We will again be offering the '2 for 1' deal. This is for siblings living in the same household - pay only \$270 for both (covers Year 7 Camp and Year 8 EOTC).

Families are welcome to pay EOTC fees off, either by coming into the school office or paying online (12-3051-0471762-00 and use your child's name and 'Y8 EOTC' as a reference).

Please contact the school office if you would like to discuss any financial concerns.

- **ATTENDANCE:**

**It is expected that all students attend these EOTC activities**, unless for medical reasons (a Doctor's Certificate or letter from your child's doctor is required).

Year 8 EOTC is about developing lifelong learners and encompassing all New Zealand Curriculum learning areas. Year 8 EOTC is an integral part of the emerging adolescent development at intermediate school. The courses and experiences are designed to be purposeful and developmental for the holistic, especially academic, growth of the individual, where risk-taking is undertaken in a safe environment.

- **QUESTIONS OR CONCERNS:**

If you have any queries or concerns, or would like to discuss anything regarding camp, please call the school office on (09) 826-3175 or email: [admin@brucemclaren.school.nz](mailto:admin@brucemclaren.school.nz)

# Bruce McLaren Intermediate School

## PARENT PERMISSION & STUDENT DETAILS FORM

### YEAR 8 EOTC WEEK 2018

Please read the following, fill it in, sign and return it the School Office by:		Wednesday, 4 July 2018	
This form will be taken on the activity by the Teacher in Charge who is:		Mr Deena Naidu	
Name of student:		Room:	
Name of parent/legal caregiver:			
Address of parent/legal caregiver:			
Home #:		Mobile #:	
		Work #:	
Name and telephone of another person to contact in an emergency:			
Name and telephone of family doctor:			
* Please note that payment of \$240 for Year 8 EOTC (Part 2) is due by Friday, 7 <sup>th</sup> September 2018.			

<b>N</b>	<b>Y</b>		DETAILS
<input type="checkbox"/>	<input type="checkbox"/>	My child has been in contact an infectious disease in the past 4 weeks	_____
<input type="checkbox"/>	<input type="checkbox"/>	My child has physical disabilities	_____
<input type="checkbox"/>	<input type="checkbox"/>	My child wears a medic alert	_____
<input type="checkbox"/>	<input type="checkbox"/>	My child has a religious/medical reason for not eating a certain food.	_____

**My child has the following difficulties or complaints:**

	<b>TREATMENT</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble _____
<input type="checkbox"/>	<input type="checkbox"/>	Hayfever _____
<input type="checkbox"/>	<input type="checkbox"/>	Anaphylactic reaction to _____
<input type="checkbox"/>	<input type="checkbox"/>	Bee and wasp stings _____
<input type="checkbox"/>	<input type="checkbox"/>	Known allergies (state _____)
<input type="checkbox"/>	<input type="checkbox"/>	Other complaints: please state e.g. diabetes, epilepsy, _____

<input type="checkbox"/>	<input type="checkbox"/>	My child has had an anti-tetanus _____ (Date)
<input type="checkbox"/>	<input type="checkbox"/>	My child can competently swim 50m      Yes      No

**I understand the event and I approve of my child taking part in the Year 8 EOTC week activities from 11 September to 14 September 2018.**

I understand that there are always risks associated with EOTC activities and that all possible care will be taken by the staff in charge. However, unforeseen illness, accident or misadventure may still occur. In such an event, I agree to any actions that may need to be taken by those in charge, including medical assistance. I acknowledge the transference of jurisdiction for the duration of the trip to the teacher in charge. I understand that my child must obey the Bruce McLaren Intermediate School Expectations, and that if he/she should break them or should his/her behaviour endanger the safety of any member of the party, then I agree that my child may be sent home at my expense. I have told my child of these things and that there is to be no inappropriate behaviour on this trip. I understand the school does not accept responsibility for loss or damage to personal property.

Parent's/Legal Caregiver's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_

# BRUCE McLAREN INTERMEDIATE SCHOOL

## PARENT HELPER INFORMATION

### YEAR 8 EOTC ACTIVITIES

Tuesday, 11 September – Friday, 14 September 2018

Name of Adult:	Child's Name & Room:
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Category (circle one):

Teacher   Parent/Caregiver   Other School Staff   Other Volunteer (please specify) \_\_\_\_\_

I have the following skills/experience/qualifications (please tick or cross):

Qualification	Current	Not Current	Notes (recent experience)
Car Driver's Licence			
Passenger Service License (if applicable)			
First Aid Certificate			Valid Until: Date Lapsed:
Teacher Registration (if applicable)			
CPR Certificate			
Life Saving Certificate			

Instructor/Coaching Qualifications relevant to the activity (list below or attach):

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Are you willing to go into the water during water activities if necessary (eg snorkelling/swimming): YES / NO

Other significant skills or experience relevant to the activity (list below):

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**Health Information:**

Please tick if you have any of the following:

\_\_\_ Migraine

\_\_\_ Epilepsy

\_\_\_ Diabetes

\_\_\_ Heart Condition

\_\_\_ Chronic Nose Bleeds

\_\_\_ Asthma

\_\_\_ Other (please specify):

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct.

Signed: \_\_\_\_\_

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

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

**Please indicate which events you will be able to help with:**

<b>Date:</b>	<b>Event:</b>	<b>√</b>
Tuesday, 11 September:	Woodhill Mountain Bike Park/Tree Adventures	
Tuesday, 11 September:	Auckland Zoo	
Wednesday, 12 September:	Woodhill Mountain Bike Park/Tree Adventures	
Wednesday, 12 September:	Auckland Zoo	
Thursday, 13 September:	Snowplanet	
Thursday, 13 September:	Goat Island (Snorkelling & Marine Centre)	
Friday, 14 September:	Snowplanet	
Friday, 14 September:	Goat Island (Snorkelling & Marine Centre)	