



Bruce McLaren Intermediate School

61-69 Bruce McLaren Road, Henderson, Waitakere City 0612, New Zealand - Phone 09 836 3175 Fax 09 838 6387

YEAR 8 BEACH ED 2019 – PIHA NORTH

Tuesday, 5 March 2019 – Rooms 2, 3, 6, 7 and 8

Wednesday, 6 March 2019 – Rooms 1, 4, 5 and 9

During these sessions, students will be able to:

- Tour of club
- Teaching of surf safety rules - number of rules depends on year group
- Identification of and how to escape a rip current
- Beach games - relating to a skill to stay safe on the beach including a sand sculpture of a rip current
- How to set up a beach patrol - reinforces safety messages
- Water activities - may include mock rescues, body boards, channel/hole identification, survival using flotation device
- Lifeguard in a rip
- Sun smart

Student will need to bring:

- The expectation that you will GET WET (you will need togs and towels)
- Wetsuits are recommended, but not compulsory
- A warm change of clothes
- Sunblock SPF 30+
- Sunhat (recommended wide-brim)
- Lunch

Cost:

- The cost is \$30 per student and ***needs to be paid in full by Friday, 22nd February 2019***. This can be paid at the school office or online. Please note that this \$30 is Part 1 of Year 8 EOTC, and this amount will be deducted from the total Year 8 EOTC cost.
Our bank account details are: Bruce McLaren Intermediate School, 12-3051-0471762-00.
Please use your child's name and what you are paying for as references.

Transport:

- Students will be transported to and from by bus.

Consent Form:

- Please complete the attached form and ***return to school no later than Friday, 22 February***.

YEAR 8 EOTC 2019 - PARENTAL CONSENT FORM

EOTC PART 1 TERM 1: Tuesday, 5 March and Wednesday, 6 March 2019

The purpose of this form is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC events.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the school by **FRIDAY, 22 FEBRUARY 2019**

BEACH ED TERM 1	Tuesday, 5 March 2019 Wednesday, 3 March 2019	Rooms 2, 3, 6, 7 and 8 Rooms 1, 4, 5 and 9
ADVENTURE TERM 4	Details to follow ...	

STUDENT INFORMATION FORM

Please complete these details:

Name:			
Address:			
Home Phone:		Cell Phone:	
Age:			
Classroom Teacher:			
Family Doctor:		Phone:	
Address:			
Community Service Card # (if applicable):			
Medic Alert Number (if applicable):			

EMERGENCY CONTACT DETAILS

(Please provide at least two sets of contact details)

1. Name	(Emergency Contact)		
Relationship:			
Address:			
Day Phone:		Evening Phone:	
Cell Phone:			

2. Name	(Alternative Emergency Contact)		
Relationship:			
Address:			
Day Phone:		Evening Phone:	
Cell Phone:			

SWIMMING CONSENT

SWIMMING ABILITY					
1.	Is your child confident in:	(please indicate by ✓ the boxes below)			
	- Deep water	Yes		No	
	- Shallow water	Yes		No	
	- Swimming Pools	Yes		No	
	- Lakes/Rivers	Yes		No	
	- Ocean	Yes		No	
2.	Is your child able to swim?	Yes		No	
3.	Is your child able to tread water?	Yes		No	
4.	Is your child able to float on his/her back?	Yes		No	
5.	Is your child safety conscious in and around water?	Yes		No	

I have read the information provided about the event(s) and agree to my child taking part in water activities.

YES NO

TRANSPORT

For the majority of the EOTC events students will be travelling via buses. Should a student need to be transported back to school then private transport will be used.

I give permission for my son/daughter to travel in private transport (teachers' cars/parent help cars) to EOTC venues if required:

YES NO

Parent's Signature

X

Date

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YEAR 8 EOTC 2019

Beach Ed Health Form

Name

Medic Alert Number

(if applicable)

1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits 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"/>				
Other (please specify)	<input type="checkbox"/>				

2. Are you currently taking medication? Yes No

If YES, please state: Ailment/s

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Have you 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 the injury/illness.

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
What treatment is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

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

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

Yes No

If YES, please state or attach the information.

I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

Any medical costs not covered by ACC or a community service card will be paid by me.

If my child is involved in a serious disciplinary problem, or actions that threaten the safety of others, s/he will be sent home at my expense.

Print name

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Signed

X

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

Date

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PARENT HELP FOR YEAR 8 EOTC 2019 – PIHA NORTH
EOTC PART 1: BEACH ED – 5 & 6 MARCH 2019

Your Name:		Child's Name:	
Beach Ed Date:		Child's Room:	

Category: _____ Teacher _____ Other School Staff
 _____ Other Volunteer (please specify)

I have the following skills/experience/qualifications [Tick or Cross x]

Qualification	Current	Not Current	Notes (recent experience)
Car driver's license			
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):
Swimming ability (please describe):
Other signification skills or experience relevant to the activity (list below):

Students will be transported by bus.

I certify that the above information is correct.

Signed	X	
Name		Date