

**Murrays Bay Primary School Camp  
Motutapu Island  
15/2/19 - 18/2/19**



**Student's details**

<b>Surname</b>	
<b>First name/s</b>	
<b>Date of birth</b>	
<b>Gender</b>	
<b>Address</b>	

**Emergency Contact**

<b>Contact name</b>		
<b>Relationship</b>		
<b>Phone</b>	<b>Mob:</b>	<b>Other:</b>

**Medical History. Are there any conditions that may restrict participation in any activities? Please indicate below**

Asthma		Heart Conditions		Diabetes	
Allergies		Mental Disabilities		Recent injury/head injury	
Epilepsy		Physical Disabilities		Other	

<b>Medical Details</b>	

**Is the participant's Tetanus current? Yes / No**

**P.T.O**

**Does the participant have any dietary requirements?**

Lactose intolerant		Gluten free		Allergies		Other	
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Details	

I consent to myself/son/daughter/ward participating in all activities at MOEC. I acknowledge that the activities may be of an adventurous nature, often in a marine environment. In signing this document I am aware of the general nature of the activities and that these activities represent a change in the participant's normal routines and may be physically demanding. There is an inherent amount of risk involved in all outdoor activities and I acknowledge that MOEC and its staff undertake to exercise due care, to use correct outdoor techniques and to minimise exposure to known risks. I understand that all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of MOEC and its staff. I agree that if myself/daughter/son/ward suffers injury or illness, MOEC can at my cost, arrange medical treatment and emergency evacuation services as MOEC deems appropriate for the participants safety or well- being.

<b>Please tick if you do not consent to the use of this participant's photographs or video recordings for the purpose of promotion to the general public</b>	
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<b>Name of parent/caregiver:</b>	
<b>Signed:</b>	
<b>Date:</b>	