

# Māori Tourism Cultural Camps

## Parental Information and Consent Form

### General information

#### Activities

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Your child will be taking part in a residential programme and undertaking a number of educational activities which may include:

- ▶ Classroom activities
- ▶ Cultural ceremonies
- ▶ Food preparation and cooking
- ▶ Traditional weaving
- ▶ Traditional carving
- ▶ Group performance
- ▶ Team building
- ▶ Workshops/role plays
- ▶ Outdoor activities

#### Images/video

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Activities undertaken by your child may be videoed and photographed.

The images, video and story relating to this event may then be used by ServiceIQ and the Gateway Camp in publicity, marketing and training material.

Your child is welcome to bring a camera, however may only use it in areas and at times approved by a Gateway Camp representative.

#### Meals

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Catering requirements will be arranged by the Gateway Camp. Your child's special dietary requirements can be noted on the Health Information Form.

#### Cash

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It is advisable that your child has a small amount of cash for any personal purchases they wish to make.

#### Clothing and equipment

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A comprehensive equipment list is included with this document. Please ensure that your child is in possession of all of these items.

## Emergency contact details

Student name:

Emergency contact name:

Relationship:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Day phone:

Evening phone:

Cell phone:

Email:

## Parental consent

I agree to my child taking part in this event and have read the Activity Summary including the section on images/video. I agree to their participation in this event. I acknowledge the need for them to behave responsibly and participate accordingly in the programme. I agree that should my child's behaviour not be maintained at the required standard, that the Gateway Camp (the provider) is entitled to remove them from the programme and return them to my care.

### Acknowledgement of risk

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I have read the Activity Summary and I understand that there are some risks associated with involvement in these activities and that these risks cannot be completely eliminated. I understand that the provider will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards.

I know that I am able to ask any questions of the provider 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 I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the activity leader.

I understand that the provider does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

#### To be read and signed by parent/caregiver of the participant.

Print name:

Signed:

Date:

## Health information

PRIVACY INFORMATION: The information supplied on this form will be used to assist the Gateway Camp in risk management planning as well as medical personnel in the event of a sudden illness or injury. It will not be disclosed to anyone else. Please complete this form fully and accurately and sign and date at the end of the form.

### Medical conditions

Please tick if your child has any of the following:

<input type="checkbox"/> Migraine	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Travel sickness	<input type="checkbox"/> Allergies or food intolerance
<input type="checkbox"/> Other <i>(describe below)</i>	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Colour blindness	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Chronic nose bleeds

Please describe any other medical conditions:

Please provide more information about the degree of your child's medical condition(s) as there is a lot of walking involved during the camp:

Medic alert number (if applicable):

Is a health plan required?  Yes  No

If yes – please provide plan:

Please list any recent injuries or illnesses:

### Medication information

Please provide details of any medications currently being used or carried for use if needed (include dosage details).

Condition is for:

Name of medication(s):	Dosage/times to be taken:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Allergy information

Allergy to:	What treatment is required
<input type="checkbox"/> Prescription medicine:	
<input type="checkbox"/> Foods: <input type="checkbox"/> Allergy <input type="checkbox"/> Intolerance	
<input type="checkbox"/> Insect bites/stings:	
<input type="checkbox"/> Other allergies:	

## Other information

Please state if you or your child has been in contact with any contagious or infectious diseases within the two months prior to this event, or if your child has any **special dietary requirements**.

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; pregnancy; behaviour or emotional problems.)

If yes, please state or attach the information:

## Emergency medical treatment

I have completed the details on the health information form carefully and accurately. I agree that the Gateway Camp may seek medical treatment for my child if in their opinion it is necessary or an emergency. The costs of any such treatment will be recovered in full from the parent or legal guardian of the participant.

Name of parent/caregiver:

Signature of parent/caregiver:

Date:

## Cultural and religious information

PRIVACY INFORMATION: The information supplied on this form will be used to assist the Gateway Camp in risk management and activity planning. It will not be disclosed to anyone else. Please complete this form fully and accurately.

### Cultural requirements

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Please detail any cultural requirements or customs that we as event organisers will need to be aware of to ensure that they have an enjoyable and positive experience while in our care.

### Religious requirements

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Please detail any religious requirements or customs that we as event organisers will need to be aware of to ensure that they have an enjoyable and positive experience while in our care.