



SINCE 1899

Oropi School

be all you can be | whaia te matauranga

Health & Permission Form 2012

Student Name _____

Room _____

Date of Birth _____

Behaviour Management and Internet Use

I understand the school's Behaviour Management procedures and agree to the terms and conditions for my child.

I give permission for my child to have access to the internet and use it for the purposes of researching and displaying/creating material for posting in an online environment.

An important part of a child's education is using the Internet. The school has a secure internet service with filtering processes in place and the likelihood of children being able to download objectionable material is highly unlikely. As we develop our capacity for more online learning, the children will also be able to post material online and receive feedback for their posts online. As we set up these online environments, we will ensure there are systems to monitor and control who can view and comment on material to ensure our children are in a 'cyber-safe' environment.

Photographic Material of children, Privacy and Confidentiality of Students

I do/do not give permission for public display of individual or group images involving my child to be displayed in newsletters, on the school website, newspapers and promotional material about the school. These displays will always to be in relation to learning and events happening at the school.

I do/do not give permission for my child's first name to be stated with images involving my child that get published in newsletters, the school website and newspapers. Promotional material will not state children's names.

Personal contact details and surnames of children will not be published in any material.

Education Outside The Classroom

I give permission for my son/daughter to participate in **all** class related education trips (including overnight excursions and activities involving water i.e. kayaking, swimming etc and sporting/cluster events) during 2012. I understand that I will always be notified of events through newsletters sent home and have the right to write a note to exempt my son/daughter from a trip or event. I realize that there is a risk of injury or death in any outdoor activity and accept that all reasonable care will be taken to prevent such accidents. This also includes walking to or being driven to local places within the Oropi District. All adult : child ratios will be adhered to according to school policy and correct procedures followed for walking children to and from the hall.

Camps and activities that involve more than one night off site will require separate approval, medical information and contact details from parents.

- I agree that he/she should take part in such activities and such duties as may be required by staff.
- I authorize the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary, and agree to meet any costs incurred.
- I authorize the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to the child receiving such medical treatment as may be deemed necessary.
- To the best of my knowledge he/she has no medical or physical disabilities likely to prove detrimental to him/her or others during the programme.
- I understand that the school will not accept responsibility for loss or damage of personal property.
- Should my son/daughter be involved in a serious disciplinary problem I accept that he/she may be sent home at my expense.
- I accept that the school reserves the right to check luggage and to confiscate items, which are considered dangerous or are forbidden.
- I agree to support the Board of Trustees, School and teachers with decisions in relation to safety standards and regulations.

Signature of Parent/Caregiver _____

Address _____

Date _____

Telephone numbers

Home _____

Work _____

Mobile _____

Emergency number – day _____ Name _____

Emergency number – night _____ Name _____

Email _____

Confidential Medical Report

This report is to assist us in case of any eventuality with your son/daughter. All information is held in confidence.

1 Is your child presently taking tablets and/or medicine YES / NO
If YES please state the name of the medication and the dosage

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2 All medicines must be handed to the class teacher prior to leaving on a trip with your child's name, the dose to be given and when it should be taken. (These will be kept in the first aid bag and distributed as required.)

Please do not allow children to be in possession of any medicine (except asthma inhalers) whilst on a trip or at School. All medicine must be kept at the school office and administered only by staff under instruction from the parents or caregivers.

Please tick if your child suffers any of the following:

Bed wetting	<input type="checkbox"/>	Fits of any kind	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>
Sleep walking	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>	Black outs	<input type="checkbox"/>

Other.....

Allergies to: Penicillin? Any foods? Drugs? Environmental?

What special care is required at school?

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It is a requirement that parents/caregivers of children with Allergy and Asthma medication ensure the school has a supply of the required dosage with instructions should the need arise for it to be administered by school office staff in an emergency.

Last tetanus immunization was

All staff have up to date First Aid certification.
No medicine will be administered by school by school staff without the permission of a parent or caregiver.

Has your child been away from home before? YES / NO

Signature of Parent/Caregiver _____

Date _____

Health

Please note here any other known health problem that may affect your son/daughter.

Problem

Treatment

Medication

Please complete this form and return it to school by February 10th 2012. If you have any questions please phone Oropi School 543 1479. We will assume there are no new changes to special requirements or needs to make aware of additional to what was stated in 2011 if you do not return this form to school By February 10th.

Please note:

Our First Aid Room Procedures at Oropi School state:

"No medicine is to be given to children unless permission is given by the parents in a note or phone call with/from the parents. This can only be administered in the sick bay by office staff (pamol or panadol). If children have medicine that they are bringing from home, this also needs to be kept in the sick bay and needs to be delivered by the parents before school, with a note explaining requirements. No teacher is to administer any medicine to children and no medicine is to be kept in cloak bays or classrooms. This includes Asthma Inhalers. All items must be clearly named. On enrolment, the school should have been made aware of any special requirements such as allergies or medical conditions a child has. All this information provided is kept confidential. Teachers are made aware of any condition or allergies of children in their class. Please update the school should your child's medical conditions or requirements have changed."