## **Health and Consent Form for BeachEd Trip**

Akomanga: 32	Kaiako: Chrissy Cottingham			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 9, Rāapa 6th	Hakihea (Wednesday 6th Decembe	r) 2023		
NAME OF CHILD:				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)	(cell phone)		
Please tick if your child has any of the migraine diabetes hay fever Treatment required?	the following:	asthma sinus problems		
Please tick if your child is allergic to prescription medicine	o any of the following: food insect bites/st	ings other allergies (state)		
Treatment required?				
Please list any other reasons which	night prevent your child from takin	g a full part in the programme:		
√ Tick				
I give permission for my child to take part in this event, and have read the attached information sheet.				
I am able to come on the day as an adult helper and I know I will be in the water.				
I am willing to take my car and provide transport for other parent helpers.				
Signed:		Date:		

## **Health and Consent Form for BeachEd Trip**

Akomanga: 30	Kaiako: W.Tauranga / D. Forrester			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 10, Rātu 12 Ha	akihea (Tuesday 12th December) 20	023		
NAME OF CHILD:				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)	(cell phone)		
Please tick if your child has any of the migraine diabetes hay fever  Treatment required?	the following: epilepsy travel sickness other (please specify)	asthma sinus problems		
Please tick if your child is allergic to prescription medicine	o any of the following: food insect bites/sti	ngs other allergies (state)		
Treatment required?	ineed sheeren			
•				
Please list any other reasons which	might prevent your child from taking	g a full part in the programme:		
√ Tick				
I give permission for my child to take part in this event, and have read the attached information sheet.				
I am able to come on the day as an adult helper and I know I will be in the water.				
I am willing to take my car and provide transport for other parent helpers.				
i am willing to take my ca	ii and provide transport for other	parent neipers.		
Signed:		Date:		
Name:				

## **Health and Consent Form for BeachEd Trip**

Akomanga: 28	ga: 28 Kaiako: David Hannah			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 5 Rāhina 6 Wh	niringa-ā-rangi (Monday 6 Novem	nber 2023)		
NAME OF CHILD:				
NAME OF CHILD.				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)	(cell phone)		
Please tick if your child has any of t		a allows a		
migraine diabetes	epilepsy travel sickness	asthma sinus problems		
hay fever	other (please specify)			
Treatment required?				
Please tick if your child is allergic to prescription medicine	o any of the following: food insect bites	s/stings other allergies (state)		
Treatment required?	inded bites	other dilenges (state)		
Troument required.				
Please list any other reasons which might prevent your child from taking a full part in the programme:				
√ Tick				
I give permission for my child to take part in this event, and have read the attached				
information sheet.				
I am able to come on the	day as an adult helper and I I	know I will be in the water.		
I am willing to take my ca	ar and provide transport for oth	ner parent helpers.		
Signed:		Date:		
Name:				

**EOTC FORM F** 

# **Health and Consent Form for BeachEd Trip**

Akomanga: 29	: 29 Kaiako: Nicky Edwards			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 10, Rātu 12 Ha	akihea (Tuesday 1	2th December) 20	23	
NAME OF CHILD:				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)		(cell phone	e)
		•		
Please tick if your child has any of	the following:			
migraine	epilepsy		asth	
diabetes	travel sicknes		sinu	s problems
hay fever	other (please	specity)		
Treatment required?				
Please tick if your child is allergic to				
prescription medicine	food	insect bites/stir	ngs	other allergies (state)
Treatment required?				
Please list any other reasons which	might prevent you	ır child from taking	a full part	in the programme:
$\sqrt{\text{Tick}}$				
I give permission for my	child to take part	in this event, and	d have rea	d the attached
	orma to tarke part			
information sheet.				
I am able to come on the	day as an adult	helper and I kno	w I will be	e in the water.
I am willing to take my ca	ar and provide tra	Insport for other I	parent help	pers.
Signed:			Date:	
Name:				

## **Health and Consent Form for BeachEd Trip**

Akomanga: 05	ga: 05 Kaiako: Nicole Antoniadis			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 5 - Rāapa 8 W	/hiringa-ā-rangi (W	/ednesday 8 Nover	mber) 2023	
NAME OF CHILD:				
NAME OF OTHER.				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)		(cell phone)	
Please tick if your child has any of migraine	the following:		asthr	ma
diabetes	travel sickne	SS		s problems
hay fever	other (please	e specify)		
Treatment required?				
Please tick if your child is allergic to	o any of the follow	ing:		
prescription medicine	food	insect bites/stir	ngs	other allergies (state)
Treatment required?				
Please list any other reasons which	ı might prevent yo	ur child from taking	a full part i	n the programme:
√ Tick				
V HCK				
I give permission for my child to take part in this event, and have read the attached				
information sheet.				
I am able to come on the	day as an adult	helper and I kno	w I will be	in the water.
I am willing to take my ca	ar and provide tra	ansport for other p	parent help	oers.
Signed:			Date:	
Name:				

**EOTC FORM F** 

# **Health and Consent Form for BeachEd Trip**

Akomanga: 31	: 31 Kaiako: James Penman			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 9, Rāapa 6th	Hakihea (Wedneso	day 6th December) 2	2023	
NAME OF CHILD:				
MAINE OF OTHER.				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)	(	cell phone	)
Please tick if your child has any o	_			
migraine diabetes	epilepsy travel sickne	SS	asthr	na s problems
hay fever	other (please			F
Treatment required?				
B) (1.1/2 1.11.11.11.11.11.11.11.11.11.11.11.11.1				
Please tick if your child is allergic prescription medicine	food	ing: insect bites/sting	ıs [	other allergies (state)
Treatment required?			, -	carrer amongroup (crarrer)
·				
Please list any other reasons which	ch might prevent yo	ur child from taking a	a full part i	n the programme:
$\sqrt{Tick}$				
I give permission for my	child to take part	in this event, and	have read	d the attached
information sheet.				
I am able to come on the day as an adult helper and I know I will be in the water.				
I am willing to take my	car and provide tra	ansport for other pa	arent help	pers.
Signed:			Date:	
Name:				

### **Health and Consent Form for BeachEd Trip**

Akomanga: 27	27 Kaiako: Lukas Green			
Event: BeachEd day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 5 - Rāapa 8 W	hiringa-ā-rangi (Wednesda	y 8 November) 2023		
NAME OF CHILD:				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)	(cell phone)		
Please tick if your child has any of the migraine diabetes hay fever  Treatment required?	the following: epilepsy travel sickness other (please specify)	asthma sinus problems		
Please tick if your child is allergic to prescription medicine		ct bites/stings other allergies (state)		
Treatment required?	1000 111300	other allergies (state)		
Please list any other reasons which	might prevent your child fr	om taking a full part in the programme:		
√ Tick				
I give permission for my child to take part in this event, and have read the attached information sheet.				
I am able to come on the day as an adult helper and I know I will be in the water.				
I am willing to take my ca				
Signed:		Date:		
oignou.		Date.		
Name:				

## **Health and Consent Form for BeachEd Trip**

Akomanga: 22	iga: 22 Kaiako: Mihi Waaka			
Event: Beach Education Day				
Location: Wainui Beach, Raglan				
Date: Term 4 Week 5 Rāhina 6 Wh	niringa-ā-rangi (Monda	y 6 November 2023)		
NAME OF CHILD:				
NAME OF CHIED.				
Name of parent / caregiver:				
Address:				
Phone (day)	(evening)	(cell pho	(cell phone)	
Please tick if your child has any of t		_		
migraine diabetes	epilepsy travel sickness		hma	
hay fever	other (please spec		us problems	
Treatment required?	VI I	,,		
•				
Please tick if your child is allergic to				
prescription medicine	food	insect bites/stings	other allergies (state)	
Treatment required?				
Places list any other reasons which	might provent your ch	ild from taking a full par	t in the programme:	
Please list any other reasons which might prevent your child from taking a full part in the programme:				
√ Tick				
I give permission for my child to take part in this event, and have read the attached				
information sheet.				
I am able to come on the	day as an adult help	er and <b>I know I will b</b>	e in the water.	
I am willing to take my ca	ır and provide transp	ort for other parent he	lpers.	
Signed:		Date:		
Name:				