

# Tawa College Local EOTC Permission Slip

## Year 10: Local End of Year Program

I ..... (student) of ..... (form class) acknowledge that I will behave in a manner that is expected of me as a student of Tawa College on all of these trips.

Signed (Student): ..... Date: .....

I ..... hereby give permission for ..... to attend the Year 10 End of Year EOTC trips from 4<sup>th</sup> December to 7<sup>th</sup> December.

Signed (Parent/Caregiver): ..... Date: .....

Address: \_\_\_\_\_

Phone – home: \_\_\_\_\_ Phone – work \_\_\_\_\_

Mobile phone: (1) \_\_\_\_\_ Mobile phone: (2) \_\_\_\_\_

Emergency contact details: \_\_\_\_\_

Name of doctor: \_\_\_\_\_ Doctor's phone \_\_\_\_\_

- I give permission for my son/daughter to attend the trip detailed on the attached letter and to participate in the activities listed.
- I have read and understood the information in the letter regarding risk and safety precautions.
- My son/daughter understands that all school rules apply, that they must take reasonable caution for their own safety, follow the instructions of staff, and at all times act in a way that ensures the safety of others.
- In the event of a medical emergency or illness, if I cannot be contacted, I delegate my parental authority and responsibility to the school teachers and other staff on this trip.

Please list below any medical conditions that you feel the staff need to know about. Include conditions such as asthma, epilepsy, diabetes and any allergies to medicine. Please let us know about any medication carried by your son / daughter

Medical Condition	Treatment / Medication

Signed: \_\_\_\_\_ (Parent / guardian)      Date: \_\_\_\_\_

**Please return to the student office as soon as possible**