



# ENROLMENT FORM

SCHOOL: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## EMERGENCY CONTACT

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

24 HR PHONE: \_\_\_\_\_

We acknowledge that while we believe it is important for students to have a “fresh start” as they come into our care, we also believe it is important that we are not ‘kept in the dark’ because significant information has not been divulged to us. We must be informed so we can “take all reasonable practicable steps” to maintain the safety of your child. Please complete the form below fully.

## MEDICAL INFORMATION

### TICK IF YOU HAVE ANY OF THE FOLLOWING:

Asthma     Epilepsy     Diabetes     Allergies     Poor balance   
Heart condition     Sleep walk     Injuries     Medication / side effects

Other:  \_\_\_\_\_

### GIVE DETAILS OF ANY PROBLEMS IT MAY CAUSE YOU ON CAMP:

\_\_\_\_\_

### DETAILS OF ANY TREATMENT/MEDICATION YOU NEED TO TAKE WHILE ON CAMP:

\_\_\_\_\_

STATE BELOW ANY OTHER INFORMATION WE SHOULD KNOW AND STRATEGIES TO MANAGE, ANY ISSUES THAT MAY ARISE. WE NEED THIS IN ORDER TO ENSURE WE CAN LOOK AFTER THE PHYSICAL AND EMOTIONAL SAFETY OF YOUR CHILD (cultural practices, disability, behaviour or emotional problems, special needs, anxiety, depression)

\_\_\_\_\_

\_\_\_\_\_

### WHICH OF THE FOLLOWING MEDICATIONS CAN BE GIVEN TO YOUR CHILD IF NECESSARY?

Paracetamol     Aspirin/Dispirin     Antihistamine tablets

WHEN WAS YOUR CHILD’S LAST TETANUS INJECTION? \_\_\_\_\_

**DO YOU HAVE ANY SPECIAL DIETARY NEEDS/ALLERGIES? YES/NO**

If YES, what are they?

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**I AM CONFIDENT IN WATER YES/NO**

Comments: \_\_\_\_\_

Please give details of any of the above on separate paper if necessary.

<b>PARENTAL CONSENT</b>		(please initial each box below)
I have read the <b>COURSE DESCRIPTION AND INFORMATION</b> document and the risk disclosure information contained within it, and I agree to my son/daughter/ward attending the course run by Kapiti Skills Centre		
DATES: _____		
I acknowledge the need for them to behave responsibly and to follow any instructions given by staff to ensure everyone's safety. I agree that if they are involved in a serious disciplinary problem they will be sent home at my expense.		
I agree to my child receiving emergency first aid or medical treatment from Medical Services if considered necessary by either the school or Kapiti Skills Centre staff.		
I agree to provide Kapiti Skills Centre with information regarding any change in health condition immediately before course.		
I authorize Kapiti Skills Centre to use any photographic or video pictures taken of my son/daughter/ward at the camp, to be used for the development of CD, video, print or website resources for Kapiti Skills Centre. Copyright will belong to Kapiti Skills Centre		
I enclose payment of \$500 (cheque payable to Kapiti Skills Centre)	<b>OR</b>	Please Invoice school
<b>SIGNED PARENT/GUARDIAN:</b>		<b>DATE:</b>
<b>PRINT NAME:</b>		

<b>STUDENT AGREEMENT</b>	
I agree to follow all instructions and requests made by the Kapiti Skills Centre Staff, for my own and others' safety.	
<b>SIGNED:</b>	<b>DATE:</b>

**RETURN TO:**

Kapiti Skills Centre  
PO Box 1420  
Paraparaumu 5252

**Fax** 04 902 8228  
**Email** outdoor@kapitiskills.ac.nz