**SUTTON PARK SCHOOL**
**89 Vine Street, Mangere East, Auckland 2025**
**Telephone (09) 276 4560**

**Principal: Fata Vaitimu Togi Lemanu**

**YEARS 7/8 CAMP ADAIR - 2027**

## PERMISSION/MEDICAL/DIETARY - INFORMATION FORM

**NAME _____ (child) Year _____ Room_____**

Dear Parents / Caregivers,

To ensure the proper care of your child while he/she is on the trip, it is very important that you fill out the form below and return it to school as soon as possible.

**ALLERGIES:**

Does your child have any food allergies?

- ☐ YES
- ☐ NO

If **YES** please state what these are:

_____

_____

_____

Does your child have any medical allergies?

- ☐ YES
- ☐ NO

If **YES** please state what these are:

_____

_____

_____

What medicine does your child take for their allergies?

_____

**DIETARY REQUIREMENTS:**

Does your child have any dietary requirements?

- ☐ YES
- ☐ NO

If **YES** please state what these are:

_____

_____

**REGULAR MEDICATION:**

Does your child take any regular medication?

- ☐ YES
- ☐ NO

If YES please state what it is: _____

What is the medication for? _____

How often must it be taken? _____

**ASTHMA:** Does your child have asthma?

- ☐ YES
- ☐ NO

Medication:_____Dose:_____

**OTHER MEDICAL CONDITIONS:**

Does your child have any other medication conditions that we should know about?

If **YES,** please state what it is.

_____

_____

**SWIMMING**

CAN YOUR CHILD SWIM? _____

IF YOU HAVE ANSWERED **YES**, PLEASE RATE THEIR LEVEL _____

NS – Non swimmer
W – Weak
S – Strong
A - Average

Are there any other issues or concerns we may need to know about your child? Please list below or come in and talk to us!

_____

_____

_____

_____

**EMERGENCY CONTACT DETAILS #1:** _____

NAME: _____

RELATIONSHIP TO PARTICIPANT: _____

MOBILE NUMBER: _____

HOME NUMBER: _____

**EMERGENCY CONTACT DETAILS #2:** _____

NAME: _____

RELATIONSHIP TO PARTICIPANT: _____

MOBILE NUMBER: _____

HOME NUMBER: _____

**Permission/medical assistance consent:** Please TICK if….

- ☐ I approve for my child to have photos taken by the school and placed on the school website and Facebook page.
- ☐ I give permission for a staff member to administer first aid medication and seek medical attention for my child if required.
- ☐ I agree to provide any medication in a clearly labelled container with my child's name and dosage instructions.

**Parent / Caregiver Signature:** _____Date: _____

**Phone number** _____

**Home address:**

**E-mail address:**

**Kind regards,**
**TOM KATAFONO**
**Sutton Park School (09 276 4560)**

**P.R.I.D.E**
**Perseverance, Respect, Identity, Diversity and Excellence**
**Mission: Together we learn, Together we lead**
Vision: Cast the net wide, set it deep to nourish learners for life.

# Risk Analysis and Management System form (RAMS)

**Event:** YEAR 7 & 8 LEADERSHIP CAMP 2027

**Location;** CAMP ADAIR

**Date of activity:** WEDNESDAY 10 / 02 / 27 - FRIDAY 12 / 02 / 27

**Teacher in charge:** TOM KATAFONO

**School:** Sutton Park School

**Number of Staff / Adults involved:** 20
**Expected Number of students:** 140
**Today's date:** 29 / 07 / 26

**RAMS prepared by: TOM KATAFONO**
**EVENT:** YEAR 7 & 8 LEADERSHIP CAMP 2027

**THINGS THAT COULD GO WRONG** i.e. accident, injury, other forms of damage

| **Description** |
|---|
| 1). Failure to listen or follow instructions. |
| (2) Unforeseen events. |
| (3) Student behaviour |
| (4) Poor supervision. |
| (5) Poor planning/ Unclear instructions. |
| (7) Poor preparation |
| 8) Bus Driver mistake or incompetence / unforeseen road incidences |
| |
| |

**WHAT COULD CAUSE THE ABOVE THINGS TO GO WRONG?**
Divide the things in the box above into the three areas below:

| **Caused by People** | **Caused by Equipment** | **Caused by Environment** |
|---|---|---|
| Poor behaviour management | Teacher not paying attention to students | new environment |
| Unclear instructions | | wandering around the camp and getting lost / injured |

| | | |
|---|---|---|
| Poor supervision | | |
| Not enough water/drinks for hydration | | |

**RISK MANAGEMENT STRATEGIES – NORMAL**

i.e. what are you going to do to **prevent** things going wrong?

| **People** | **Equipment** | **Environment** |
|---|---|---|
| Give clear instructions | make sure every student understands the rules from the beginning. | ensure monitoring of safety in cabins as well as around camp during day & night |
| Supervise your group at all times | Ensure suitable clothing is worn | Wet / Cold weather - ensure students have proper or appropriate clothing |
| students to be accompanied by adult at all times to their activities… | Carry first aid | make sure everyone has a water bottle, |
| Warm up before every game or activity | Water bottles | |
| | Rules / requirements by Organisers regarding equipment must be monitored and adhered to… | |
| | | |
| staff / helpers to be briefed to ensure they are clear of their roles and responsibilities… | | |
| | | |

**RISK MANAGEMENT STRATEGIES – EMERGENCY**

i.e. What are you going to do if things **do** go wrong?

| **People** | **Equipment** | **Environment** |
|---|---|---|
| Sutton Park School | 09 2764560 | - apply first Aid for injuries etc<br>- contact parents<br>- ambulance for severe medical issues |
| Togi Lemanu Principal | 021344104 | |
| Lineni Paea Whanau Leader | | |
| Maliana Taufalele DP | 0211570320 | |
| | | |
| | | |

SIGHTED BY SCHOOL PRINCIPAL Yes No

Date _____

Signed by _____