



**CONFIDENTIAL MEDICAL REPORT**

Please complete and sign the declaration on the back page and return to Rebecca Hill as soon as possible.

**STUDENT**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ House: \_\_\_\_\_

**PARENTS/GUARDIANS**

**Mother** - Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

**Father** - Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

**Caregiver** - Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child is up-to-date with all **childhood immunisations**?  NO  YES

Is your child is up-to-date with his/her **11 years vaccinations**?  NO  YES

Has your child been immunised against **Tetanus**? Year:  NO  YES

Has your child been immunised against **Hepatitis B**? Year:  NO  YES

*(If you are uncertain, please contact your family doctor)*

Does your child wear - **Contact Lens**?  NO  YES

- **Glasses**?  NO  YES

**If you have answered YES please ensure a spare set is available.**

Does your child have any special **dietary requirements**?  NO  YES

→ Details: \_\_\_\_\_

Does your child have any **allergies**?  NO  YES

→ Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have **Asthma**?

NO  YES

What **medication** does your child take for the treatment of Asthma?

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Does your child have any other **medical conditions**?

→ Details: \_\_\_\_\_

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What **medication** does your child take for the **treatment** of this medical condition?

→ Details: \_\_\_\_\_

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Is there any other **past history of surgery** that is relevant today?

NO  YES

→ Details: \_\_\_\_\_

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Has your child ever required **emergency treatment**?

NO  YES

→ Details: \_\_\_\_\_

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Is your child able to swim **50 metres**?

NO  YES

Does your child have any **concerns** about the Tōku Ara Programme?

NO  YES

→ Details: \_\_\_\_\_

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Are there any other health and wellbeing issues that may hinder your child's participation in the Tōku Ara programme? Or anything else you would like to bring to the Tōku Ara staff's attention?

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Ⓜ DECLARATION Ⓜ

I hereby give consent for Tōku Ara staff to access this information and administer to (*insert student's name*) \_\_\_\_\_

"everyday" medication as required (e.g. pain relief; antihistamines; cough mixture) or medication prescribed by a doctor or first aid and authorise treatment at an Accident & Emergency facility if necessary.

I understand that (*student's name*) \_\_\_\_\_

\_\_\_\_\_ will participate in the various outdoor pursuits (see scope attached) during their programme at Tōku Ara. Some activities are off site and could be up to four hours away from a road exit.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

The information you have supplied is required for the health and safety of your child. It is subject to the provisions of the Privacy Act and will be kept and used in a way that protects confidentiality.

**IF AT ANY TIME THIS INFORMATION CHANGES, OR YOU WISH TO ALTER YOUR CONSENT, PLEASE DON'T HESITATE TO CONTACT US SO THAT WE CAN UPDATE OUR RECORDS. THANK YOU.**

*Return this form to: Rebecca Hill, Whangamata Area School by 1<sup>st</sup> March 2023.*

**Each activity below has a certain element of risk. Tōku Ara has an excellent safety record and the risks involved in each activity will be managed by our safety management systems; reviewed on a regular basis.**

## Tōku Ara Outdoor Activity Scope

Activity	Scope
Kayaking	Harbour and river
Waka Ama	Waka Ama will take place in coastal, harbour or river water areas.
Surfing	Lessons will be held in all conditions with swell no bigger than 2 feet.
Tramping	In bush surrounding Whangamata, Opoutere and the Kaimai's.
Paddle boarding	On the Wharekawa harbour
Mountain biking	Cross country trails up to and including grade 4
Survival	Bivvy sites in bush on two different farms in the Whangamata area.
Swimming	Coastal, harbour, River and streams.
Camping	Tented camping will take place in a range of venues
Trail running	Off road running track and the beach.
SOLO	Bivvy sites in the bush at the back of Opoutere School.

## Tōku Ara Campus Based Activity Scope

Activity	Scope
Community Service (Duties and Jobs)	Campus Jobs – Collecting driftwood and pinecones; splitting wood, stacking and carting. track making, releasing and planting native trees, van cleaning.
Whittling	To be done at a selected area on campus. During tramps, survival and solo.
Setting the net	On harbour: Set at midtide, collect at lowtide.
Fishing	Line fishing from the jetty and spit area.
Snorkling/diving for muscles/collecting pipi	Around the spit and harbour entrance.
Boxing/Muay Thai skills	On campus learning skills: Fitness, discipline, co ordination.
Swimming	Harbour, streams, rivers, beach.
Mountain biking	Road around campus, tracks in Opoutere area
Walking	Track up Maungaruawahine, tracks around Opoutere
Sports	Challenges and Competitive Games around Campus (ie volleyball, tug of war etc..)