

Risk Disclosure – TSB TOPEC

It is important that this **Parental consent and risk disclosure** form and the **Health profile** form are completed by all adult and student participants attending TOPEC, to comply with health and safety requirements.

The purpose of the forms is to enable TOPEC to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximized.

Details on these forms will remain confidential to TOPEC staff, contractors and volunteers associated with supervising activities.

For safety reasons, please provide us with information that is accurate and complete.

Please return this form to the school by

A separate **Health Profile** form is to be completed for each person attending the event.

School/group:

Details of event:

Location:

TSB TOPEC

Start date

Time

am

Finish date

Time

pm

PARTICIPANT INFORMATION FORM

Please complete these details:

Name student ID

Address

Telephone

Cell phone

Year or class level

Age

Family doctor's name

Ph

Address

Community service card number

Medic Alert Number (if applicable)

THIS FORM OR A COPY MUST BE TAKEN TO TOPEC. A COPY SHOULD BE RETAINED BY THE SCHOOL.

TSB TOPEC / EOTC – EDUCATION OUTSIDE THE CLASSROOM

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

1. Name

(Emergency contact)

Relationship

Address

Day Phone Evening Phone

Cell Phone

2. Name (Alternative emergency contact)

Relationship to participant

Address

Day Phone Evening Phone

Cell Phone

Parental consent

I agree to my child/myself taking part in the EOTC event and have read the information sheet. I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgment of risk

I have read the EOTC event information sheet and I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards. I understand that my child has been involved in safety procedures. I will do my best to ensure that my child and I follow these procedures.

I know that I am able to ask any questions of the TOPEC about the activities I / my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I/they may withdraw from the activity if I/they feel at risk. This must be done in consultation with the person in charge.

I understand that the TOPEC does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Print name

Parent / caregiver
Signature

Date