



STRATFORD PRIMARY SCHOOL
 Regan Street, Stratford 4332
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 www.sps.kiwi.nz



EOTC Volunteer Assistant Agreement Form

For parents/caregivers and other volunteers who have been invited to assist on EOTC events (School Camps)

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It will not be used or disclosed for any other purpose except in accordance with the Privacy Act 2020. You have the right under that Act to access and seek correction of the information from the school.

Name:
Address:
Telephone: _____(home) _____(work)
I am the parent/caregiver of: _____ OR <input type="checkbox"/> I am a volunteer (please state relationship to child)

Skills/experience/qualifications (please tick):

Qualification	Current	Not current	Notes (recent experience)
Car full driver's licence			I'm competent (circle): Towing a trailer, driving on gravel roads, driving a van
Licence Number and Expiry			
First aid certificate			
Other relevant qualifications			

Other significant skills or experience relevant to EOTC events (list below, or attach):

Attended Previous Camps:
Sports Coach etc:

Emergency Contact Details (Next of Kin)	
Personal Mobile Number	
Doctor's number	

Parent Health Information:

<p>1. Please tick if you have any of the following</p> <p><input type="checkbox"/> Migraine <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Travel Sickness <input type="checkbox"/> Fits of any type <input type="checkbox"/> Chronic nose bleeds <input type="checkbox"/> Heart Condition <input type="checkbox"/> Dizzy Spells <input type="checkbox"/> Colour Blindness <input type="checkbox"/> Other – Please specify</p> <p>..... </p> <p>2. Medical Alert Number (if applicable)</p> <p>..... </p> <p>3. Date of last tetanus injection?</p> <p>...../...../.....</p>	<p>4. Are you currently taking medication?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please state ailment/s</p> <p>..... </p> <p>Name of medication/s</p> <p>..... </p> <p>Dosage & time/s to be taken</p> <p>..... </p> <p>Other treatment</p> <p>..... </p> <p>5. Have you had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p>	<p>6. Are you allergic to any of the following?</p> <p>Prescription medication</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Food</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Insect bites/stings</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Other allergies</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify</p> <p>..... </p> <p>Treatment required?</p> <p>..... </p> <p>7. Outline any dietary requirements?</p> <p>..... </p>	<p>8. What pain/flu medication may you be given if necessary?</p> <p>..... </p> <p>9. To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p> <p>10. Is there any other information that staff should know to ensure your physical and emotional safety E.g. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – please give brief details</p> <p>..... </p>
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As a Parent Volunteer at Camp for Stratford Primary School...

- I certify that the above information is correct.
- I am willing to comply with requests of staff and will follow safety procedures they have set. By following the Parental Guidelines as set out in our Procedures Policy, 502 Parents as Volunteers and 500 Health and Safety - HSWA EOTC Parent Help. Also available on our website, to view go to our Whānau Help page.
- I will take reasonable care that my behaviour does not adversely affect the health and safety of myself or others.
- I am willing to assist in aspects of running the event according to the role I have been asked to take by the Person in Charge.
- If I am asked to drive, I will comply with the road rules and ensure I am driving a warranted and registered vehicle. Proof by way of a photo to be supplied to the office, if you are using your own vehicle to transport students.
- I agree there is no place for alcohol or non-prescribed drugs on a school EOTC event.
- I agree there is no place for smoking or vaping at a school EOTC event.
- I am willing to complete the Police vetting process.
- I accept the terms of my involvement as stated in the EOTC Volunteer Guidelines and above.

Signed:

Date: