



NORTHCOTE COLLEGE

EOTC Permission for: YEAR 10 CAMP ~ MOTUTAPU ISLAND

Date: 11th – 15th February 2019

Parents/Guardians (to be retained by parents)

Pupil's Name (in full) Date:

Destination of Trip: Motutapu Island (Administration Bay)

Time/Date Leaving: Monday 11th February 9:00am Northcote College

Time/Date Returning: Friday 15th February approx. 4:00pm Northcote College

Accommodation: Dormitories (Administration Bay)

Contact Phone No.'s: Northcote College (09) 481 0141 / Resident Teacher at Administration Bay (09) 372 7623 /
Camp Kitchen ph: (09) 372 7632

Please Pay \$ 375.00 at Accounts office by 1st February 2019.

Teacher in Charge



Permission Slip (to be returned to your Form Teacher)

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I/We give my/our permission for _____ to participate in the above trip.

I/We agree that he/she will abide by the School Rules and do nothing which will bring the school into disrepute

I/We agree that our son/daughter may travel in transport organised by the school.

Medical information which the school should be aware of, e.g. asthma, bee/wasp sting allergies, food allergies: (if 'nil', please state).

If so please specify medical treatment. _____

My child has/has not had tetanus injections during the last 5 years (cross out one).

I/We authorise the obtaining on my/our behalf, any medical assistance or treatment if, in the opinion of the staff, such treatment is necessary and I/we agree to meet all costs and fees incurred.

My child can/cannot swim (cross out one).

My child has special food requirements – please specify _____

I/We understand and agree that Northcote College or its staff will not accept responsibility for loss or damage to personal property.

I/We agree to the college staff searching my child's bag, if deemed necessary in the interests of the health and safety of the whole group.

I/We undertake responsibility for any expenses incurred for early return of our son/daughter.

I/We agree to meet the cost of the trip in full, \$375.00, which is to be paid by 1st February 2019.

I/We understand that if our child withdraws from the trip after 1st Dec 2018, we forfeit the \$150 deposit.

I/We have discussed these matters with my son/daughter and accept these conditions without reservation.

Signature of Parent/Guardian: _____ Date: _____

Contact person: _____ Contact Phone: (Day) _____ (Night) _____

Student's Declaration:

I (student's name): _____ of Form: _____ agree to abide by the School Rules as they apply to the Year 10 Camp at Motutapu Island on 11th – 15th February 2019.

I agree to fulfil all requirements of the trip and agree to do nothing which will endanger the safety of other members of the group. I agree that I will do nothing which will bring the School into disrepute.

Signature of Student: _____ Date: _____