



# NORTHCOTE COLLEGE

**EOTC Permission for: YEAR 11 CAMP ~ MOTUTAPU ISLAND**

**Date: 3<sup>rd</sup> – 5<sup>th</sup> 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: Sunday 3<sup>rd</sup> February 11:45am Birkenhead Wharf

Time/Date Returning: Tuesday 5<sup>th</sup> February 8:30pm Birkenhead Wharf

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 \$ 240.00 at Accounts office by 29<sup>th</sup> January 2019.

\_\_\_\_\_  
*Teacher in Charge*



## **Permission Slip (to be returned to your Form Teacher)**

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**Date: 3<sup>rd</sup> – 5<sup>th</sup> February 2019**

**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, \$240.00, which is to be paid by 29<sup>th</sup> January 2019.

I/We understand that if our child withdraws from the trip after 1<sup>st</sup> 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 11 Camp at Motutapu Island on 3<sup>rd</sup> – 5<sup>th</sup> 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: \_\_\_\_\_