



**RYPEN 2024 Parent/Caregiver Consent Form
(For Nominating Rotary Club to send to RYPEN Registrar)**

secretary@feildingrotary.co.nz

As the legal parent / guardian or caregiver, I hereby consent to this candidate:

Name: _____

participating in the RYPEN programme to be held at the Kawhatau Outdoor Education Centre (KOEK), Mangaweka over the period 4 - 6 October 2024 :

- **I agree that as an attendee, this candidate will be an active participant in all aspects of the programme, including such necessary duties as may be required (eg dishes, camp tidying, etc).**
- **To the best of my knowledge this candidate has no undisclosed medical or physical issues likely to prove detrimental to this candidate or others during the weekend.**
- **In the event of illness or accident, I authorise the obtaining, on my behalf, of such medical or first-aid assistance as may be required. This could include requesting medical assistance. In the event of my candidate requiring medical assistance, I expect to be notified as soon as possible.**
- **I understand that every reasonable precaution will be taken for the care and protection of this candidate, and it is understood that instructions given by RYPEN supervisors or instructors will be for the safety or good conduct of the RYPEN event, and if not abided by to, could result in accident or injury, or removal from the event. This includes adhering to designated 'lights out' sleeping times.**
- **I understand that bringing (and or the use of) cigarettes, e-cigarettes, vaping equipment, alcohol, non-medicinal drugs, weapons or firearms is strictly prohibited. Should my candidate breach these rules, they may forfeit the privilege of remaining part of the RYPEN programme and transport home will be at my cost.**
- **Mobile phones will be collected on arrival at KEOC, and will not be available for general use due to the distraction these cause. This is a safety issue, and also a safeguard against damage. At designated times these may be given to candidates. Mobile coverage is limited at the venue.**

A detailed program will be promulgated to you in due course.

CANDIDATE DISCLOSURE INFORMATION

(a) Ailments/allergies which affect this candidate:

(b) Treatment for allergy or condition (outline any medication they may need to bring with them):

(c) Emergency Contact Primary & Secondary Person & Contact Phone Numbers

Primary Name: _____ Phone: _____

Secondary Name: _____ Phone: _____

(e) Medication

Any medication(s) the candidate will bring with them:

Any medication(s) the candidate could need, that is not carried with them:

(f) Swimming Ability (circle one):

STRONG / COMPETENT / AVERAGE / HAS DIFFICULTIES / CANNOT SWIM

(g) Special Talents/Skills (eg acting, playing a musical instrument):

(h) Further information which the RYPEN organisers may need to know is:

Signed: _____ Parent/Guardian/Caregiver

Date: _____

THIS INFORMATION WILL BE TREATED IN CONFIDENCE