



RYPEN 2021 Parent/Caregiver Consent Form

I consent to my son's/daughter's participation in the RYPEN programme to be held at **Vertical Horizon Friday 26th – Sun 28th March 2021:**

- I agree that he/she will be an active participant in all aspects of the programme, including such necessary duties as may be required (eg dishes)
- To the best of my knowledge he/she has no medical or physical disability likely to prove detrimental to him/her 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 includes calling an ambulance. In the event of my child 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 my son/daughter and it is understood that if he/she does not obey instructions, either Inglewood Rotary Club, Vertical Horizon or the supervisors will **not** be held responsible
- 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 child breach these rules they forfeit the privilege of remaining part of the RYPEN programme and transport home will be at my cost.

Parents: please provide the following information:

(a) NAME OF STUDENT:

(b) Ailments/allergies which affect your child:

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

(d) Emergency phone or contact person (other than parent)

Name:

Phone Number:

(e) He/she may require the following medication which IS/IS NOT carried with them:

(f) Swimming Ability (circle one): STRONG COMPETENT AVERAGE WEAK CANNOT SWIM

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

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

Signed: _____ Parent/Guardian/Caregiver Date: _____