



Letter to Parents/Caregivers

Kia ora koutou,

Your son/daughter has been offered the opportunity to attend the Taiohi-Taiao Youth Jam event as a representative of their school. Each participating school will select five students to join other students from around the Bay of Plenty for 3 days of workshops, skills development, action planning and fun. This event is free for students to attend.

Youth Jam is an annual event for Bay of Plenty secondary students to foster environmental awareness, youth leadership and participation in civic issues. This year's focus is ***Climate Change***.

The Venue

Keswick Christian Camp is popular for school camps, youth and adult seminars, and conferences. The camp is located on Cooper Ave in Holdens Bay, Rotorua.

Students are to arrive between **10am – 10.30am** for registration and settling in on **Tuesday 21 May**. The Whakatau / Welcome will start **promptly** at 11am. Bay of Plenty Regional Council will assist in coordinating transport for all attending students.

Male and female students will be separated in the accommodation. Attending teachers and BOPRC staff are responsible for students at all times and will be staying onsite. *Sleeping bags, pillows and towels are required*. Students are also encouraged to bring a cushion and a pair of slippers for activities in the main area.

Responsibility for Health and Safety

Schools, accompanying teachers and BOPRC staff are responsible for students at all times. Schools have agreed to follow the Youth Jam Risk Assessment Management Strategy (RAMS) and attending teachers and students must have read this document before arriving at the event. All of the Community Engagement team coordinating the event have been police vetted under the Vulnerable Children's Act, and there will be at least one adult present at all times who holds a current first aid certificate.

Students and Teachers are to follow all camp rules as outlined in the RAMS and as agreed in the Tikanga session on Day 1 of the event.

Please complete and return the attached health profile to help us best accommodate your child including any food allergies.

Cost

There is no charge for students or teachers to attend (meals and accommodation is funded by the Bay of Plenty Regional Council).

Students are asked to bring a **donation or koha** of home baking to be shared at afternoon tea or supper.



Checklist

What to bring	✓
Sleeping Bag and Pillow	
Towel and toiletries	
Personal medication and essential items	
Slippers, cushion or blanket for sessions in the main hall	
Warm clothing suitable for outdoor activities, raincoat and hat for sunny weather	
Sturdy footwear	
Named drink bottle	
Koha – 1x baking item for morning/afternoon tea/supper	

Further Information

In the first instance please contact the coordinating teacher at your school.

For event information contact:

Natalie Ridler, Community Engagement Advisor, Bay of Plenty Regional Council
 Ph: 0800 884 881 extn 7152 Email: Natalie.ridler@boprc.govt.nz

Please note that permission forms + health profiles must be completed and returned to Natalie.ridler@boprc.govt.nz (or via your coordinating teacher) by **Friday 3 May**



Parental Permission Form

Details on these forms will remain confidential to Bay of Plenty Regional Council staff, contractors and volunteers associated with supervising at the Bay of Plenty Youth Jam event. For safety reasons, please provide us with information that is accurate and complete. Parent/caregiver please write your name clearly at the bottom of the form and sign.

Name of student: Student's gender

Name of school:

Student's Address:

Telephone (home):..... Student's Mobile

T-Shirt size: S M L XL 2XL (Please circle one)

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contacts)

Name of first contact:	Relationship to student:
Telephone (day):	Telephone (night):

Name of second contact:	Relationship to student:
Telephone (day):	Telephone (night):

Parental Consent:

I agree to my son/daughter taking part in the above Bay of Plenty Taiohi-Taiao Youth Jam event. I agree to their participation in the activities described. I agree for their name and photo to be used in the future for profile and promotion by Bay of Plenty Regional Council e.g. videos, magazine articles, power-point presentations, promotional material, and on the Bay of Plenty Regional Council website. I acknowledge the need for them to behave responsibly. Should my son/daughter be involved in a serious disciplinary issue I accept that he/she may be sent home at my own expense.

Acknowledgement of Risk:

I understand that there may be risks associated with involvement in the Bay of Plenty Youth Jam event and that these risks cannot be completely eliminated. I understand that the Bay of Plenty Regional Council will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that Bay of Plenty Regional Council does not accept responsibility for loss or damage to personal property.

Print Name of Parent/Guardian: **Date:**



Parent/Guardian signature:

Health Profile

This profile is designed to assist in the care of all participants at the Taiohi-Taiao Youth Jam event. All information is held in confidence. We ask parents / caregivers to check that all sections of the form are completed accurately and to sign at the bottom of the page. Please print clearly.

Name of student:

Name of School:

Medic Alert number: (if applicable)

1. Please tick if your son/daughter suffers from any of the following:

Migraine <input type="checkbox"/>	Travel Sickness <input type="checkbox"/>	Asthma <input type="checkbox"/>	Chronic Nose bleeds <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Fits of any kind <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Heart condition <input type="checkbox"/>
Dizzy Spells <input type="checkbox"/>	Colour blindness <input type="checkbox"/>	Other (please specify) _____	

2. Is your son/daughter currently taking medication? Yes ☐ No ☐

if yes:

Name of Medication/s:

Dosage and times to be taken:

Other treatment:

3. Has your son/daughter had any major injuries, illness or disability in the last six months that may limit full participation in any activities?

Yes ☐ No ☐

If YES please state the injury/illness/disability and outline any special requirements:



4. Please tick if your son/daughter is allergic to any of the following:

Prescription Medication ☐ Food ☐ Insect bites/stings ☐ Plants ☐ Other allergies ☐

Give details of allergy

What treatment is required?

6. When was your child's last tetanus injection?

7. What pain/flu medication may your child be given if necessary?

8. Any special dietary requirements? (please detail)

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If it is not possible to contact me, I authorise the Teacher/Supervisor in charge to consent to my son/daughter receiving any necessary medical or surgical treatment. Any medical costs not covered by ACC or a community services card will be paid by me.

Printed Name of Parent/Guardian:

Parent/Guardian signature:

Date: