

EMR Permission Form - Example

Dear parents, caregivers and whanau

The Mountains to Sea Conservation Trust – Experiencing Marine Reserves (EMR) programme specialises in marine education. EMR empowers schools and communities by providing hands-on experiences in the ocean. Our school/kura will be taking part in an EMR snorkel experience.



Your snorkel experience will be lead in-water by the EMR coordinator/snorkel instructor. To satisfy EMR’s ratio requirements we must provide adequate adult ‘supervisors’ with appropriate skills to buddy up and supervise the students in water. The role of ‘supervisors’ is to assist and supervise the student’s in-water and are expected to be confident swimmers, fit and healthy and free from the influence of drugs or alcohol. *Refer to our health and safety information on our website www.emr.org.nz*



EMR – RISK ASSESSMENT MANAGEMENT – Snorkelling –Quick reference

POTENTIAL RISKS - People Skills, age, fitness and health, ratio, inexperience, sunburn, inappropriate behavior, inadequate supervision, falling or washing up onto rocks, collision with other divers, panic, cramp, exhaustion, hypothermia, shallow water blackout, seasickness, severe injury, drowning, barotrauma, death	POTENTIAL RISKS - Equipment No wetsuit, leaky mask, faulty snorkel/safety gear, danger from boats and other obstacles. Problem associated with breathing in water.	POTENTIAL RISKS - Environment Unsuitable weather conditions, tides, Currents, rocks, waves, rips. Poisonous/dangerous marine life. Fishing line, weather changes + adverse conditions. Damage to environment.
RISK REDUCTION <ul style="list-style-type: none"> Lead by skilled and qualified snorkel guide/coordinator Participants are 5 years old plus. Medical conditions and swimming ability checked. Precautions taken for pre-existing medical or other special needs. Clear briefing given to students and adult supervisors before snorkel and identification of potential hazards (currents, waves, rocks, oysters) Boundaries, snorkel route and entry and exit points made clear. Participants to stay in immediate proximity of buddy (1 arms length away). Adequate supervision ensured by adult ‘supervisors’ Adult: student ratio aim of 1:2 (1:4 for year 9 students and above). Hand signals and buddy cooperation procedure explained (1 up, 1 down) Brief participants on danger of hypothermia and assure that it is OK to get out if shivering or tired (adult supervisors must accompany you back to shore). Parents, supervisors and teachers to comply with instructors directions while in water Brief on equalization and risk of shallow water blackout if diving under water surface. Adult safety observer based on shore. Number check before and after snorkel On land: No running on rocks, clear boundaries and supervision when observing from shore or walking to changing rooms/toilets 	RISK REDUCTION <ul style="list-style-type: none"> Equipment check and fitted in shallow water. Kids must wear wetsuits. Adults must wear fins. Use of dive flag and whistle Use of buoyancy aids (body boards) 	RISK REDUCTION <ul style="list-style-type: none"> Up to date weather forecast + site visit. Environmental conditions assessment. Safe location of entry and exit points. Environmental care instructions given. Adhering to marine reserve rules. Knife to cut fishing line.
EMERGENCY PROCEDURE <ul style="list-style-type: none"> On site cell phone and first aid kit ensured by EMR Medical discloser and participant forms and medication on hand ensured by school Safety observers based on shore ready with first aid and phone Snorkellers - Raise and wave one arm for help In the event of unforeseen dangers at sea, for example marine life or sea conditions changing, calmly organise evacuation to the nearest safe landing point 3 whistle blasts for everyone to come back in with buddies and assembly Numbers check. Apply first aid where appropriate. EMR coordinator, delegated safety, teacher in charge of EMR activities or other delegated person to contact 111 if required. Ask for first response. Advise emergency service of whereabouts, using name of the road and location. EMR coordinator to complete incident report sheet and notify national coordinator 		

Details of event:

School or group:

Location:

Start date Time Finish date Time

Your child will need the following items:

- A big packed lunch and plenty to drink.
- Sun hat & Sunscreen
- Togs and towel (wetsuits and snorkelling gear are supplied, but need to wear their own togs underneath)
 - A good pair of shoes for walking on rocks
 - Warm jersey for on beach and after their swim

- Pen, pencil, ruler and rubber (for on shore activities if applicable)

Acknowledgment of risk

I hereby acknowledge the risks associated with snorkeling. I understand that the school and EMR programme will identify any foreseeable risks or hazards and implement correct management procedures to eliminate or minimise those hazards. Site specific RAMS for the snorkel site will be provided.

I understand that my child has also been involved in the development of safety procedures. I will do my best to ensure that my child and I follow these procedures.

We have a sanitization policy for cleaning out wetsuits; some participants may experience skin irritations

I give permission for (students name)to attend this trip and participate in the snorkelling activity.

Signed (parent/guardian)..... Date

Swimming ability

Is your child able to swim 50 meters? Yes No Unsure

Is your child water confident in a pool? Yes No Unsure

Is your child confident in deep water? Yes No Unsure

Is your child able to tread water? Yes No Unsure

Is your child able to survival float? Yes No Unsure

Is your child confident in the sea or in open inland water? Yes No Unsure

Is your child safety-conscious in and around water? Yes No Unsure

Emergency Contact 1:

Name:..... Ph:.....

Emergency Contact 2:

Name:..... Ph:.....

Medical Information:

I confirm that my child is in good health and I consider him/her fit to participate Yes / No
I consent to any emergency treatment required by my child during the programme Yes / No
Please note any medication your child is on:

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1. Please tick if your child has any of the following:

Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Seizures of any type	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>
Reaction to seawater	<input type="checkbox"/>	Other (please specify)	<input type="text"/>

Supervision on the day:

Are you able to snorkel with the students in a supervision role on the day?

Yes No NA (not coming on the trip)

Information for supervisors can be found on our website www.emr.org.nz

Do you yourself have any illnesses or take any medication that could impact your ability or safety to snorkel?

Yes No NA (not coming on the trip)

We need as much parent help on this trip as possible so please tick one of the boxes below if you can come along on the day:

1) Yes I can come and will be providing transport.	<input type="checkbox"/>
2) Yes I can come but cannot provide transport.	<input type="checkbox"/>

For the parents that are coming out, a map is attached to show how to get there. But please be at school at so we can have a quick briefing time.

- There are wetsuits and snorkelling gear supplied for parents but we encourage you to bring your own.
- If you are not snorkelling then you will be looking after a group of children doing the onshore activities so you will also need a good pair of shoes for walking on the beach and rocks.
- If you have a digital camera bring it along. We would love to get as many photos for our projects after we come back (you do this at your risk).

Permission to use images / work / footage

The EMR programme & sponsors request your permission to use work, images and/or video footage of your children produced as a result of participation in the EMR programme for educational purposes and the promotion of the EMR programme, including media releases, internet/website and resources.

I give permission for **work, footage and/or images** of my child, _____
to be used for educational and promotional purposes.

Print name of
student

Print name of
parent/caregiver

Signed

Adult participant or parent / caregiver of child participant

Date