

2020 MOE-OBS Challenge Programme - E-Registration Guide for Parents

Step 1:

Please proceed to the FormSG link provided by the school to begin the e-registration.



Step 2:

Please note that for security reasons, the registration form will automatically log out if it is not completed within 30mins and no details will be saved. Please do not refresh the page before submission as this will remove the entered details. As such, you are advised to read the instructions and gather the required information before logging in.



Instructions

Parent/Legal Guardian is to complete this form for student who is below 18 years old.

1. When you submit this form, it registers your child/ward interest for the MOE-OBS Challenge Programme (referred to as Course).

2. Please read the "Important Note" on the Course requirements @ <https://www.nyc.gov.sg/obs>.

3. All information provided here is taken as true and accurate, and you've read the "Important Note" to understand the Course requirements.

4. Please get ready the following information:

Step 3:

Please have the following health information of your child/ward ready for submission:

- Height (in cm)
- Weight (in kg)
- Body Mass Index (BMI)
BMI may be calculated from <https://www.healthhub.sg/programmes/93/bmi-calculator>
- Latest Tetanus Immunisation Date
Tetanus vaccination date may be obtained from student health booklet or retrieved from <https://www.nir.hpb.gov.sg/nirp/eservices/login>

Kindly also take a look at the following list of diagnosed medical conditions of concern. If any of them pertains to your child/ward, please prepare the basic information such as the name/type of condition and medication taken if any.

• Breathing problems within the last 12 months (e.g. Asthma)
• Heart problems (e.g. angina / heart murmur / extra heartbeat / mitral valve prolapse)
• Blood disorder (e.g. thalassaemia major / thalassaemia minor / anaemia)
• Epilepsy, fits or seizure condition
• Bone / joint / tendon injuries or condition (e.g. dislocation / fracture / slip disc)
• Diagnosed behavioural or psychological condition (e.g. ADHD / ADD / ASD / OSD / eating disorders / anxiety / depression condition)
• Currently on long term prescribed medication
• A carrier status for any infectious disease
• Sleep walking within the last 12 months
• Allergy to medication(s) / environmental factor(s) / food item(s) / ingredient(s)
• Any other condition(s) not listed above that could affect Student's ability to engage in physical activities in the outdoors or interact with others in an unfamiliar social setting (e.g. running, climbing, trekking with heavy load, camping, medical devices/implant.)

Step 4:

Click on the login button as pictured to log in with your Singpass.



If you do not have a Singpass, you may register for a Singpass via www.ifaq.gov.sg/singpass. The link also provides responses for other Singpass-related queries.

Step 5:

Select your child/ward's school from the dropdown list and enter your email address and contact number.

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Log out

1 Name of School

2 Email of Parent / Legal Guardian

An acknowledgement will be sent to the email account provided. If you do not have an email account, you may use the school's email address (name@school.edu.sg) and request for a copy of the acknowledgement from the school. Ensure the email address provided is accurate.

3 Contact Number of Parent / Legal Guardian (of Student below 18 years)

We will contact you via the number provided if we require more information. Please ensure it is a valid Singapore contact number.

An acknowledgement will be sent to the email account provided. If you do not have an email address, please enter the school's email address (*provided on the form*) and request a copy of acknowledgement from the school.

Step 6:

Complete Part 1 by filling in all the personal particulars of the participating student.

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Part 1: Student's Personal Information

4. Full Name of Student
as it appears in Personal Identification Document

5. Class

6. Nationality

☐ Singaporean

☐ Singapore PR

☐ Others

Step 7:

Complete Part 2 by filling in the emergency contact details.

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Part 2: Next of Kin / Legal Guardian Emergency Contact Information

15. Name of Contact Person

16. Relation to Student

17. Primary Contact Number
Provide a Singapore contact number (e.g. 91234567)

Step 8:

Complete Part 3 by filling in the health information and any medical conditions of your child/ward.

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Part 3: Student's Health Information

Note:

1. Health information disclosed must be recent and accurate for the Physician's accurate assessment of the Student's fitness to participate in the Course.
2. Ensure the Medical Examination takes place no more than six (6) months before the start of the Course.
3. A "physician" refers to a medical practitioner registered under the Medical Registration Act (Chapter 174).

About Tetanus

1) Tetanus is a disease caused by the bacteria *Clostridium tetani*, which is commonly found in soil, dust and contaminated objects. The bacteria can enter the body through tears or splits in the skin, burns and eye injuries.

2) Tetanus is a preventable disease associated with a high fatality rate. The treatment of tetanus is difficult and requires specialist intensive care.

3) Tetanus vaccination is an easily accessible and effective risk management strategy to prevent tetanus infection especially in the outdoors.

4) Tetanus vaccination is included under the Singapore National Childhood Immunisation Programme.

The dates of the Tetanus immunisation can be retrieved via the following link:
<https://www.sph.gov.sg/immunisation-services/login>
 (immunisation records are only available for children born in or after 1996)

19. Does Student have valid Tetanus Immunisation?
(Tetanus immunisation has a validity of 10 (10) years)

☒ NO
 ☒ YES

Step 9:

Lastly, complete Part 4 by selecting the appropriate checkboxes for acknowledgement and consent before submitting.

If you are unable to submit, please scroll up to check if you have missed out any required information.

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Part 4: Declaration & Acknowledgement

36. Information Declaration

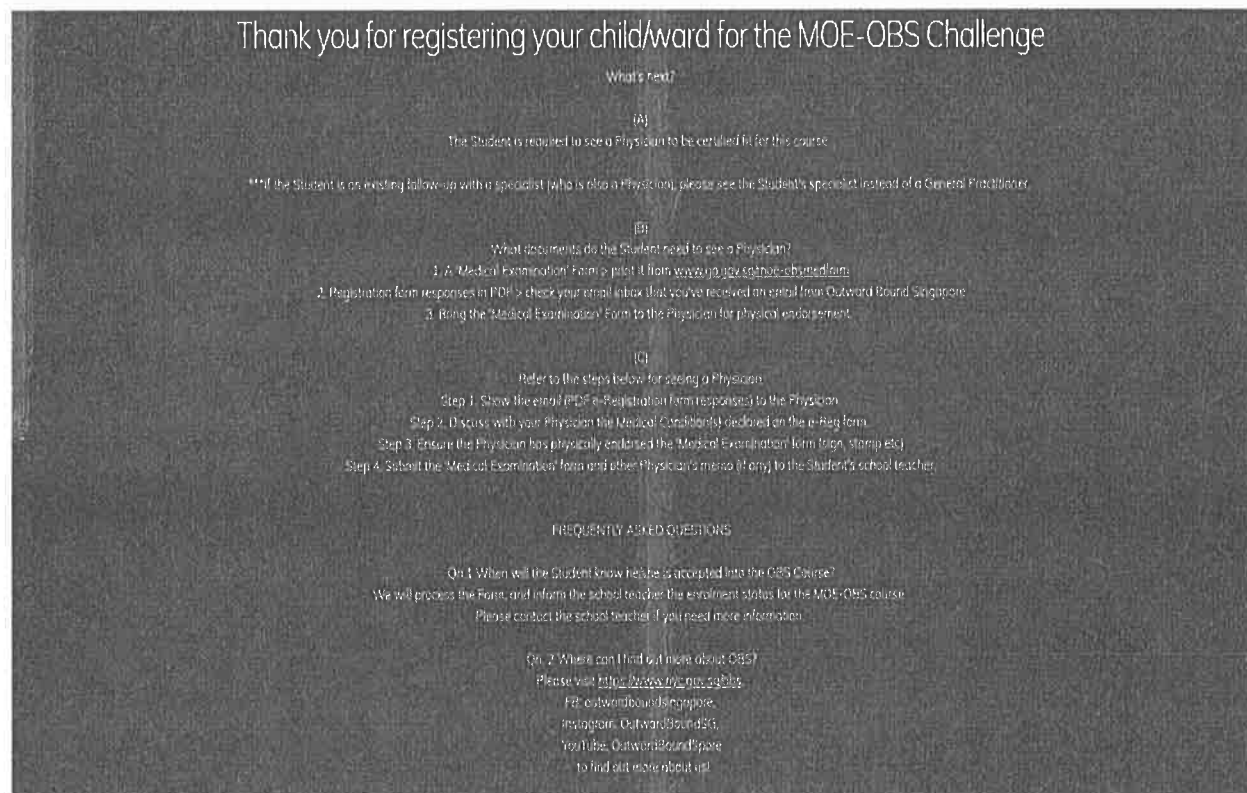
☐ I declare and confirm that all the information provided is complete, true and accurate to the best of my knowledge, and there is no undisclosed information that would affect the assessment of this application for the Student's safe participation in the Course. I will promptly inform MOE-OBS of any change in any of the information provided. I understand that MOE-OBS reserve the right to make the final admission decision based on the information provided in the Registration Form, course intensity and other operational considerations. I understand that if the information provided is incomplete, untrue or incorrect, MOE-OBS reserve the right to reject or withdraw the application at any time.

37. Medical Declaration

☐ I further give permission for any medical treatment MOE-OBS deem necessary to maintain my child/ward's well-being. In the event of illness or injury, I hereby give my consent to MOE-OBS to seek medical treatment and care as may be necessary for my child/ward, and for this purpose, to disclose the medical declaration and other relevant information to authorised medical personnel to provide appropriate

Step 10:

Please fill-in and complete the form in a single session. After submission, you should see the following screen. A PDF of the completed registration form will be sent to the email address provided.

**Step 11:**

(If medical examination is conducted in school)

Please remind your child to inform the Form Teacher that he/she has registered for the Course.

(If parent is bringing child to own physician for medical examination)

- Step 1: Show the doctor the e-Registration Form response in PDF.
- Step 2: Give the Medical Examination Form to the medical doctor to certify your child fit to participate in the 5-day Course.
- Step 3: Ensure that the Medical Doctor has certified your child 'fit' on the Medical Examination Form (with medical doctor's signature and stamp of clinic details)
- Step 4: Submit the completed Medical Examination Form and doctor/specialist memo (if applicable) to the school through your child.