



SWIMMING/AQUATIC CONSENT FORM

CONFIDENTIAL

To be completed by the PARENT/GUARDIAN for students participating in swimming and aquatics activities.

This information will be shown to SCHOOL STAFF and SWIMMING INSTRUCTORS and EMERGENCY SERVICES PERSONNEL responsible for this student's safety at swimming and aquatics activities.

Student name Date of birth
First name (please print) Family name (please print)

Name of school.....MedicAlert Number (if relevant).....
Emergency contact phone number.....

1. Health support information for swimming and aquatic activities

Please complete the following information so the instructor s and school staff can plan for your child's safety in the water. No student will be excluded from swimming except on medical advice.

Does your child have a health care need that could affect their safety in the water?

NO If NO, please go to section 2 – CONSENT TO TAKE PART IN SWIMMING AND AQUATIC ACTIVITIES.
YES If YES, please tick the boxes below that show your child's health care needs:

Asthma	
Is your child under a health care plan for asthma?	
Severe allergy (eg bee sting)	
Joint Disorder (eg arthritis)	
Vision Impairment	
Ear Disorder (eg drainage tubes)	
Incontinence	
Medication usually taken at school	

Seizures	
Diabetes	
Heart Disorder	
Hearing Impairment	
Skin condition (eg dermatitis)	
Swallowing/choking difficulties	
Communication difficulties	
Other (please give details)	

Swimming and aquatics instructors need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. Have you attached health care information from your child's doctor/treating health professional? (This may be a copy of the information you have provided already to the school).

NO If NO, staff and instructors will provide standard supervision for safety and first aid (see over).
YES If YES, write down what you have attached (eg asthma care plan; details about ear care).

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2. Consent to take part in swimming or aquatic activities

I give my consent for my child names above to take part in swimming and/or aquatic activities I understand that school staff will be present and provide supervision for safety.
I understand that the swimming or aquatics instructors will be in charge of the water activities.

Parent/guardian
or adult student Date.....

This section is for the instructor and/or class teacher about any special measures to be taken for this child's safety in the water.
(for example, safety watch because of a history of seizures; easy access to child's asthma medication; teacher to ensure two puffs of reliever ten minutes prior to lesson; teacher to ensure child eats two snack portions from diabetes school kit)

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Standard health care support for the most common health conditions

Asthma Any child currently prescribed asthma medication must bring their medication. Asthma care plan should be attached to this consent form.

Standard first aid:

Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, four minutes.
If still no relief, call an ambulance.

No return to the water after two lots of reliever medication within any given session.

Seizures No swimming without care plan from doctor/seizure specialist.

Any student with a diagnosed history of seizures will have an adult acting as one to one safety watch. Seizures are generally managed in the pool. Once the seizure is over, the child will leave the pool for the rest of the session.

Diabetes No swimming without care plan from doctor/diabetes specialist.

First aid as per individual diabetes care plan.

Severe allergy As per allergy specialist care plan

Drainage tubes in ears Appropriate protection using plugs, caps and ear wraps to be worn throughout water activities unless written medical advice is provided saying this is not necessary.

Incontinence As per care plan **Choking** As

per care plan

Responsibilities

The teacher(s) from the school:

provides overall supervision

supervises lesson preparation, including sun protection for outdoor activities

supervises packing up at the end of activities is responsible for general

behaviour management

ensures consent forms, including relevant health support information, are provided to the instructor in charge. This includes identification of staff appointed to individual student safety watch (for example if a student has epilepsy/seizures).

The instructor

is responsible for the swimming and aquatics learning program

must negotiate with teachers any individual student health support (as indicated on consent forms) before students enter the water

supports school policies including behaviour management and safety including sun protection

ensures school staff and students are informed about emergency procedures.