



STARplex SWIMMING AND AQUATICS

CONSENT FORM

As a parent/Guardian of I give my permission for him/her to take part in a School Aquatic program. I agree to delegate my authority to supervising teachers / Instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students, as a group and individually.

I submit the health care information attached, including details of any relevant medical or physical limitations he/she has. The information given is accurate to the best of my knowledge.

Signed Parent/Guardian Date

Medical information

Are any of the following medical conditions relevant to your child?	YES/NO	Further Information or special instructions
<u>Convulsions/seizures</u>	YES/NO	.....
<u>Asthma or any other respiratory conditions</u>	YES/NO	.....
<u>Allergies</u>	YES/NO	.....
<u>Diabetes</u>	YES/NO	.....
<u>Vision or hearing impairments</u>	YES/NO	.....
<u>Ear disorder (ie. Tubes)</u>	YES/NO	.....
<u>Dermatitis (prevalent skin conditions)</u>	YES/NO	.....
<u>Other relevant conditions eg. A.D.D</u>	YES/NO	.....
<u>Medication (any current medication)</u>	YES/NO	.....

IF YOU NOTE ASTHMA ON THE FORM – A PUFFER MUST BE AT THE POOL EVERYDAY

IF YOUR CHILD USES AN EPI PEN – EPI PEN MUST BE AT THE POOL EVERYDAY

Swimming ability/knowledge

Is your child water confident? YES/NO

Has your child ever had private swimming lessons? YES/NO

Please tick which swim school and indicate level of achievement

() RLSSA (VACSWIM)	LEVEL OF ACHIEVEMENT	.....
() STARPLEX SWIM SCHOOL	LEVEL OF ACHIEVEMENT	.....
() OTHER	LEVEL OF ACHIEVEMENT	.....

Is your child confident in deep water? YES/NO

Can your child tread water for 3 – 5 seconds? YES/NO

Freestyle	5 metres	10 metres	25 metres	above 25 metres
Backstroke	5 metres	10 metres	25 metres	above 25 metres
Breaststroke	5 metres	10 metres	25 metres	above 25 metres

Thank you for taking the time to fill in the above details. This information will allow students to be sorted into their correct classes.

Child's Name **Year** **Teacher**