

# Swimming/Aquatic Consent Form

**CONFIDENTIAL**

To be completed by the Parent/Guardian for students participating in swimming and aquatic activities. This form will be shown to School Staff and Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatic activities.  
**STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM**

## Section 1: Person Details

Student Name.....Date of Birth.....  
Name of School ..... Medic Alert No. (if relevant).....  
Emergency Contact Person ..... Contact No .....

## Section 2: Health Support Information

Please complete the following information so the instructors and school staff can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in the water?  
If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities.

If YES – please complete this section

If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the school.

**IMPORTANT:** failure to provide required medication will result in standard First Aid Management in an emergency.

|                                    |  |                            |  |
|------------------------------------|--|----------------------------|--|
| Asthma                             |  | Seizures, Epilepsy         |  |
| Severe allergy (e.g. bee sting)    |  | Diabetes                   |  |
| Joint disorder                     |  | Heart Disorder             |  |
| Vision impairment                  |  | Hearing impairment         |  |
| Ear disorder                       |  | Skin condition             |  |
| Incontinence                       |  | Swallowing/choking         |  |
| Medication usually taken at school |  | Communication difficulties |  |
| Other (please provide details)     |  |                            |  |

Have you attached health care details from your child's doctor/treating health professional? Yes/No  
If NO, staff and instructors will provide standard supervision for safety and first aid (see over)  
If YES, write down what you have attached and please ensure all relevant medication is provided.

.....

## Section 3: - Consent to take part in swimming or aquatic activities

I give my consent for my child named above to participate in swimming or aquatic activities  
I understand that school staff will be present and provide supervision for safety.  
I understand that the swimming or aquatic instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

**Standard Health Care Support for the most common health conditions:**

|                        |  |
|------------------------|--|
| Asthma                 | <p>Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.</p> <p>Standard First Aid:<br/>Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still not relief, call an ambulance. no return to the water after two lots of reliever medication within any given session.</p>   |
| Seizures               | <p>No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by school. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>  |
| Diabetes               | <p>No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>   |
| Severe Allergy         | <p>As per allergy specialist care plan</p>   |
| Drainage Tubes in Ears | <p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>  |
| Incontinence           | <p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>Cryptosporidium Infection<br/>Cryptosporidiosis is caused by the parasite Cryptosporidium. It is highly infectious and can be transmitted by swallowing water contaminated by the parasite in public swimming pools. The main symptoms associated with this illness include watery diarrhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools for 14 days after symptoms have stopped.</p>  |
| Choking                | <p>As per care plan</p>  |
| Infection Control      | <ul style="list-style-type: none"><li>- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage</li><li>- Students with significant unhealed wound(s) will be advised not to go swimming until the wound has closed.</li><li>- Students with ringworm should not commence swimming until at least 24hours after commencement of appropriate treatment (usually a topical anti-fungal cream)</li><li>- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment</li><li>- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.</li></ul> |

# Asthma care plan

for education, child/care and community support services\*

## CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.  
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client \_\_\_\_\_ Date of birth \_\_\_\_\_  
Family name (please print) First name (please print)

MedicAlert Number (if relevant) \_\_\_\_\_ Date for next review \_\_\_\_\_

### Description of the condition

#### Signs and symptoms:

- Difficulty breathing
- Wheeze
- Tightness of chest
- Cough

#### Frequency and severity:

- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Daily/most days
- Other (please specify) \_\_\_\_\_

Triggers (eg exercise, chalk dust, animals, food pollens, chemicals, weather, grasses, lawn mowing) \_\_\_\_\_

Curriculum considerations (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance) \_\_\_\_\_

### Additional information attached to this care plan

- Medication plan
- Individual first aid plan (if different to standard first aid—see model over page)
- General information about this person's condition
- Other (please specify) \_\_\_\_\_

#### This plan has been developed for the following services/settings: \*

- |  |  |
|--|--|
| <input type="checkbox"/> School/education      | <input type="checkbox"/> Outings/camps/holidays/aquatics |
| <input type="checkbox"/> Child/care            | <input type="checkbox"/> Work                            |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home                            |
| <input type="checkbox"/> Transport             | <input type="checkbox"/> Other (please specify) _____    |

#### AUTHORISATION AND RELEASE

Authorised prescriber \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

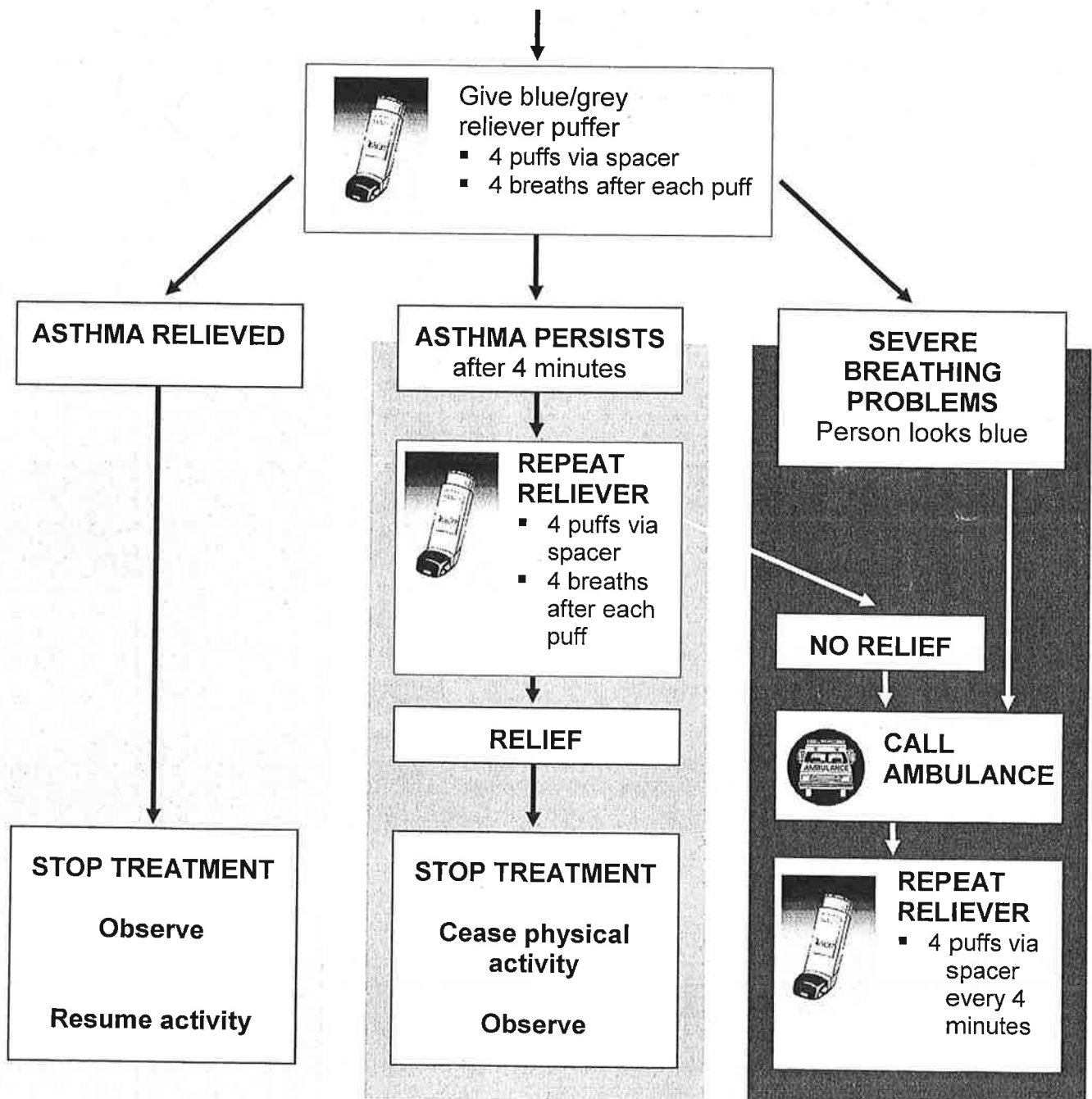
Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read, understood and agreed with this plan and any attachments indicated above.  
I approve the release of this information to supervising staff and emergency medical personnel.**

Parent/guardian or adult student/client \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Family name (please print) First name (please print)

# Asthma first aid plan

- **SIT** person up
- **REASSURE**
- **STAY** with person



**TO CALL AMBULANCE:** Dial out, then 000 or mobile 112  
Say what state you are calling from, the person's condition and location



**INFORM EMERGENCY CONTACTS** in accordance with DECS guidelines