

# Aquatic Consent Form

CONFIDENTIAL

To be completed by the Participant/Parent/Guardian for students participating in aquatics activities. This form will be shown to Sailing Instructors and Emergency Services Personnel responsible for this student's safety at aquatics activities.

STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED  
CONSENT FORM

## Section 1: Person Details

Student Name.....Date of Birth.....

Medic Alert No. (if relevant).....

Emergency Contact Person ..... Contact No .....

## Section 2: Health Support Information

Please complete the following information so the instructors can plan for the student's safety in the water.

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

NO – please go to section 3 – consent to participate in Aquatics Activities.

YES – please complete this section

If you tick any of the boxes below the Instructors need a written health care plan from your doctor/treating health professional.

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 the student's doctor/treating health professional? Yes/No

NO – Staff and instructors will provide standard supervision for safety and first aid (see over)

YES – write down what you have attached and please ensure all relevant medication is provided.

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

I give my consent for the student named above to participate in aquatic activities

I understand that the aquatic instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....  
or Adult student

**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: 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 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. 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 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</p>
Choking	<p>As per care plan</p>
Infection	<ul style="list-style-type: none"><li>- All open wounds must be covered, for the child's own protection, with a Control 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>