Government of South Australia
Department for Education and Child Development

swimming aquatics

Swimming/Aquatic Consent Form

CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in swimming and aquatics 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 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……

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.

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Section 3: - Consent to take part in swimming or aquatics 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	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, 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.
Seizures	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.
Diabetes	No swimming without health 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	Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.
Incontinence	As per care plan. Any accidents that result in contaminated water must be managed as per health regulations. Cryptosporidium Infection 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.
Choking	As per care plan
Infection Control	- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage - Students will significant unhealed wound(s) will be advised not to go swimming until the wound has closed. - Students with ringworm should not commence swimming until at least 24hours after commencement of appropriate treatment (usually a topical anti-fungal cream) - Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment - Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.