



# Mont Albert Primary School

June 2016

## CONSENT & MEDICAL FORM

**NAME OF CHILD:** ..... **GRADE**.....

As a Parent/Guardian of this student, I give consent for him/her to participate in the Diving Program and/or Aquatic Activities being conducted on **Monday 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> August** and agree to the delegation of authority to the Staff and/or Instructors involved.

I authorise the teachers in charge of the Swimming Program to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

I submit the attached medical information and include details of limitations which he/she has for the activities concerned.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Home No. \_\_\_\_\_

Suitable emergency number for swimming dates \_\_\_\_\_

If an emergency occurs an ambulance will be called.

Do you consent to your child being transported in an ambulance? YES/NO

### **MEDICAL INFORMATION (This information can protect your child)**

<b>MEDICAL CONDITION</b>	<b>FURTHER INFORMATION OR SPECIAL INSTRUCTIONS</b>
ALLERGY (Particularly to Bee or Wasp sting)	YES/NO _____ _____ _____
BREATHING (Particularly Asthma)	YES/NO _____ _____ _____
EAR DISORDER (Particularly drainage tubes)	YES/NO _____ _____ _____
EPILEPSY (Whether mild or severe)	YES/NO _____ _____ _____
FAINTING/DIZZY SPELLS (or other sudden loss of consciousness)	YES/NO _____ _____ _____
PREVIOUS SWIMMING LESSONS / LEVEL / EXPERIENCE: _____ _____	