



CONSENT & MEDICAL FORM

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

As a Parent/Guardian of this student, I give consent for him/her to participate in the Swimming Program and/or Aquatic Activities being conducted on Monday 15th, 16th, 17th, 18th, 19th 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)

Table with 2 columns: MEDICAL CONDITION and FURTHER INFORMATION OR SPECIAL INSTRUCTIONS. Rows include ALLERGY, BREATHING, EAR DISORDER, EPILEPSY, FAINTING/DIZZY SPELLS, and PREVIOUS SWIMMING LESSONS / LEVEL / EXPERIENCE.