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## Swimming and 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 service 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’s name: |       | Date of birth: |       |
| Name of school: |       | Medic Alert no (if relevant): |       |
| Emergency contact person: |       | Contact number: |       |

### 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 or 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 exclusion from the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Asthma |  | Seizures, Epilepsy |  |
| Severe allergy (eg 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 below) |  |  |  |

Have you attached health care details from your child’s doctor or treating professional? Yes [ ]  No [ ]

If NO, staff and instructors will provide standard supervision of 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 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 instructors will be in charge or water activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/guardian: |  | Signed: |  | Date: |  |

### This form must be e-mailed to Bronwyn.Longbottom391@schools.sa.edu.au and Carol Pfitzner Carol.Pfitzner242@schools.sa.edu.au by Friday the 12th of February, 2021

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 not relief, four more puffs, wait four minutes. If still no relief, call an ambulance.
No return to the water after two lots of reliever medication within any given reason

Seizures

* No swimming without health care plan from doctor or 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 doctors or 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 would(s) will be advised not to go swimming until the wound has closed.
* Students with ringworm should not commence swimming until at least 24 hours 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 hours after commencing appropriate treatment
* Wearing slip-on footwear while walking in the pool area or change rooms protects against transmission of some infections such as tinea.