Government of South Australia
Department for Education

Water Safety Consent Form
CONFIDENTIAL

water safety

To be completed by the Parent/Carer for students participating in Water Safety activities. This form will be shown to School Staff and Water Safety Instructors and Emergency Services Personnel responsible for this student's safety in Water Safety activities including as part of a camp or excursion.

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

Section 1: Personal Details

Student Name _____ Date of Birth / /

Name of School _____ Medic Alert No.(if relevant) _____

Section 2: Health Support Information

	Yes	No
Does your child have any health support or medication administration needs that should be considered for this activity?	☐	☐
Does your child have a health care need that could affect their safety in the water?	☐	☐

If **NO** - please go to Section 3 - Water Safety and Swimming Skills

If **YES** - you must complete this section below:

A written Health Care Plan/Medication Agreement from your child's doctor/treating health professional is required. This may be a copy of the information which you have previously provided to the school or further information related specifically to the aquatic environment/activity.

Asthma	☐	**Seizures, Epilepsy**	☐	**Incontinence**	☐
Allergy (e.g. bee sting)	☐	**Diabetes**	☐	**Medication taken at school**	☐
Joint condition	☐	**Heart Condition**	☐	**Swallowing / choking**	☐
Vision impairment	☐	**Hearing impairment**	☐	**Communication difficulties**	☐
Ear condition	☐	**Skin condition**	☐	**Concussion (within 21 days)**	☐
Other (provide details)	☐				

IMPORTANT: Have you attached Health Care Plan/Medication agreement from your childs doctor/treating health professional? Yes ☐

If YES, please attach and ensure all relevant medication is provided.

NOTE - Failure to provide a Health Care Plan/Medication agreement will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Section 3: Water Safety and Swimming Skills.

Please tick the description that best describes your child's water safety skills and swimming ability.

☐ **Beginner** - my child has limited or no experience and is not confident or comfortable in the shallow water.

☐ **Average** - my child is able to swim 25 metres but is not strong or confident in deep water.

☐ **Strong** - my child is able to swim 50 to 100 metres and is strong and confident including in deep water.

NOTE: This will be used to assist in planning the activity and not affect their participation.

Section 4: Consent to take part in Water Safety activities:

* Supervising staff/instructors will use the site's behaviour management processes needed to ensure the safety and wellbeing of all students.
* If there is an accident or illness, supervising staff will provide first aid and call an ambulance if required. The school/preschool will inform me as soon as possible.
  I will cover all medical expenses for my child, but I can ask the department to pay for ambulance costs if my child does not have private ambulance cover.
* Where appropriate, I have provided updated health information for my child, including any extra support they need.
* The information I have given is accurate. The information provided will be used solely for the purpose of ensuring my child's safety during the water activity and will be used in accordance with the Information Privacy Principles Instruction.

Parent/carer consent

I have read and agree with all the information and give my consent for my child to attend this activity
Name of activity: Student/child name:
Parent/Carer Name:
Signature: Date:
Who can we contact in case of an emergency for the duration of this activity:
Name: Relationship to the child/student:
Phone number/s:

Standard Health Care Support for the most common health conditions:

Asthma	Any child currently prescribed asthma medication **must bring** their medication. The Asthma Care Plan is required to 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 no relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.
Seizures	Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch provided by the school. Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.
Diabetes	First aid as per individual Diabetes Care Plan.
Allergy	As per the Allergy Specialist Care Plan.
Drainage tubes in ears.	Ear wrap or fitted plugs to be worn throughout water activities, unless written medical advice is provided saying this is not necessary.
Incontinence	As per the Health 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 diarhoea with stomach cramps. If your child has been diagnosed with Cryptosporidiosis or has had these symptoms recently, they should not use public swimming pools until 14 days after the symptoms have stopped.
Choking	As per the Health Care Plan.
Infection	* All open wounds must be covered, for the child's own protections, with a waterproof occlusive bandage. * Students with significant unhealed wound(s) will be advised not to enter the water until the wound has closed * Students with ringworm should not commence water activities 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 and change rooms may protect against transmission of some infections such as tinea.
Concussion	If medical treatment is required or a suspected concussion diagnosed, prior to the next participation in physical activity or sport, a medical clearance from a health care practitioner with reference to the relevant injury or condition must be provided with the Water Safety consent form to allow that student to participate. If a concussion is diagnosed, return to schoolwork should take priority over return to physical activity and sport. As recommended in the Australian Concussion Guidelines for Youth and Community Sport (concussionsport.gov.au) a minimum period of 21 days before resumption of physical activity and sport is recommended.