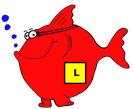
Parafield Gardens Swimming Centre



'Where Children Love To Learn'

Kings Road (cnr Martins Rd)
Parafield Gardens SA 5107
www.parafieldgardensswimschool.com.au
Phone: 8285 3666

pool use only 2017				
NS				
NS/HO				
NS/HI				
G/S				
ST/D				
SH/W				
SQ				

SWIMMING / AQUATICS CONSENT FORM

	(Preferred Given Name)			(Family Name)	
CONTACT PH	IONE NO:				
SCHOOL	BETHANY CHRISTIAN SCHOOL				
	nild swim/swam at th is/was your child in.			? Yes/No your child's foot (flipper sizing)?	
gree to the deleg clude details of	gation of authority to	the staff and/or inst e/she has for the acti	tructors involvivities underta	participate in Swimming or Aquatic Activities yed. I have completed the medical information ken. This information is confidential and will	ı and
arent / Guardian	Name				
Signed	ned Date				
Information cont nowever, no stud	ent with special need	ls will be excluded fr		dent's medical conditions are properly manage gunless on medical advice.	ed,
.G. Epilepsy)	CHEST PROBLEMS	Yes			
lease ensure medication		Yes	No		
LLERGIES g. Bee Stings)		Yes	No		
ABETES		Yes	No		
ISION or HEARING a.g. Glasses or Hearing		Yes	No		
AR DISORDER g. Drainage Tubes)		Yes	No		
ERMATITIS g. relevant skin condi	itions)	Yes	No		
THER RELEVANT Og. Attention Deficit H	CONDITIONS Hyperactivity Disorder)	Yes	No		
EDICATION g. any current medica	ation)	Yes	No		
	child's hair for head our child has head lice			pate in swimming.	