



# 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

NAME OF STUDENT    
 (Preferred Given Name) (Family Name)

CONTACT PHONE NO:

SCHOOL

**Does/Has your child swim/swam at the Parafield Gardens Swim School? Yes/No**  
**If Yes what class is/was your child in.....What size is your child's foot (flipper sizing)?.....**

**As a Parent/Guardian of this student, I give my consent for him/her to participate in Swimming or Aquatic Activities and agree to the delegation of authority to the staff and/or instructors involved. I have completed the medical information and include details of limitations, which he/she has for the activities undertaken. This information is confidential and will only be made available to Staff and Instructors on a need to know basis.**

Parent / Guardian Name \_\_\_\_\_

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

### MEDICAL INFORMATION

**Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs will be excluded from swimming unless on medical advice.**

CONVULSIONS / SEIZURES (E.G. Epilepsy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ASTHMA OR OTHER CHEST PROBLEMS (please ensure medication is with child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ALLERGIES (e.g. Bee Stings)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DIABETES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
VISION or HEARING PROBLEMS (e.g. Glasses or Hearing Aid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EAR DISORDER (e.g. Drainage Tubes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DERMATITIS (e.g. relevant skin conditions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OTHER RELEVANT CONDITIONS (e.g. Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MEDICATION (e.g. any current medication)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I have checked my child's hair for head lice he/she is all clear (sign).....(date).....

Please Note: If your child has head lice he/she will not be allowed to participate in swimming.

**I DO / DO NOT give permission for Parafield Gardens Swim School to use my child's photograph for: please tick**

- Staff Training Purposes  Advertising/Promotional use