

Outside School Hours Care

Swimming Consent Form

RISK ASSESSMENT DEVELOPED AND AVAILABLE AT OSHC SIGN IN AND OUT PARENT INFORMATION BOARD OR A COPY CAN BE PROVIDED ON REQUEST

To be completed by the Parent/Guardian for the child participating in the swimming activities during December and January Vacation Care Program. Swimming will be held at the Flinders Aquatic Centre.

PLEASE NOTE:

Children will not be permitted to participate without a completed and signed consent form. Complete one form per child, including siblings.

Section 1: Personal Details

Child's Name:

Date of Birth:

Emergency Contact:

Contact Number:

Section 2: Health Support Information

Please complete the following information so the OSHC staff can plan for your child's safety in the water.

Please describe your child's swimming ability:

Does your child have a health care need that could affect their safety in the water?

NO If NO, please go to Section 3: Consent

YES If YES, please tick the boxes below to show your child's health care needs:

Asthma	Heart condition	Skin condition
Communication difficulties	Joint disorder	Swallowing/choking
Diabetes	Medication usually taken at school	Vision impairment
Ear disorder	Seizures, Epilepsy	Other (please provide details)
Hearing impairment	Severe allergy (e.g. bee sting)	

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 during OSHC Vacation Care. I understand that the OSHC educators will be present and provide supervision meeting 1:5 ratios with educator's in and out of the water.

Parent/guardian:

Signature:

Date: