

# Water Safety Program Consent Form

**CONFIDENTIAL**

To be completed by the Parent/Guardian for students participating in water safety activities. This form will be shown to School Staff and DECD Accredited Instructors and Emergency Services Personnel responsible for this student's safety at water safety activities.

**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).....

Emergency Contact Person ..... Contact No .....

## Section 2: Health and Wellbeing 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 any health & wellbeing care needs that could affect their safety in the water?  
If NO – please go to section 3 – consent to participate in water safety activities.

If YES – please complete this section

If you tick any of the boxes below the DECD Instructors need a written health care plan from your child's doctor/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 standard First Aid Management in an emergency.

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

Have you attached health care details from your child's doctor/treating health professional? Yes/No

If NO, staff and instructors will provide standard supervision for safety and first aid (see over)

If YES, write down what you have attached and please ensure all relevant medication is provided.

If you tick any of the boxes below regarding your child's wellbeing in the water the DECD Instructors need a brief outline of student's specific issue in regards to water.

Anxiety	<input type="checkbox"/>	Fear of water	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Details

## Section 3: - Consent to take part in water safety activities

I give my consent for my child named above to participate in water safe activities

I understand that school staff will be present and provide supervision for safety.

I understand that the DECD accredited instructor will be in charge of the water activities.

Parent/guardian.....Signature.....Date.....

## Standard Health Care Support for the most common health conditions:

Asthma	<p>Any child currently prescribed asthma medication must bring their medication. Asthma care plan should be attached to this consent form.</p> <p>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.</p>
Seizures	<p>No in water activities without health care plan from doctor/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 water safety program that day will be assessed by supervising teacher in consultation with student's health care plan.</p>
Diabetes	<p>No in water activities without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.</p>
Severe Allergy	<p>As per allergy specialist care plan</p>
Drainage Tubes in Ears	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
Incontinence	<p>As per care plan. Any accidents that result in contaminated water must be managed as per health regulations.</p> <p>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.</p>
Choking	<p>As per care plan</p>
Infection Control	<ul style="list-style-type: none"><li>- All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage</li><li>- Students with significant unhealed wound(s) will be advised not to go in water until the wound has closed.</li><li>- Students with ringworm should not commence in water until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)</li><li>- Students with tinea should not go into pools or change rooms until at least 24 hour after commencing appropriate treatment</li><li>- Wearing slip-on footwear while walking in the pool area and change rooms protects against transmission of some infections such as tinea.</li></ul>