



Swimming Consent Form

As a Parent/Guardian of I,
..... give my consent for him/her/them
to participate in a swimming programme with Learn to Swim with Chris Viero Swim School,
and agree to delegate my authority to the staff and instructors involved.

Such staff and instructors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the above-mentioned activity.

I also authorise the staff and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I submit the attached medical information about the above student/s and include details of limitations which he/she/they have for the activity concerned.

I further authorise qualified practitioners to administer anaesthetic if such eventuality arises.

I have read the policy on children being photographed by an instructor at the Swim School and hereby give my consent to have my child/children photographed in the pool.

I have read the attached Swim School Policies Booklet and I am aware of the programme for which my consent is requested.

Signed Date/...../.....

(Parent / Guardian)



Personal & Medical Information

Student Name:.....Date of Birth:...../...../.....

Parent Name:.....

Home Address:.....

.....

Postal Address:.....

.....

Home Phone No:.....Work Phone No:.....

Mobile Phone No:.....

Email:.....

Emergency Contact Person:

Name:.....

Relationship:..... Emergency Phone No:.....

Medical Information:

<u>Medical Condition</u>		<u>Further Information</u>
Allergies	Yes/No	.....
(Particularly Bee-Sting, etc)		.....
Breathing Disorder	Yes/No	.....
(Particularly Asthma)		.....
Ear Disorder	Yes/No	.....
(Particularly Drainage Tubes or Deafness)		.....
Epilepsy	Yes/No	.....
(Whether Mild or Severe)		.....
Fainting/Dizzy Spells	Yes/No	.....
(Or Other Sudden Loss of Consciousness)		.....
Other Relevant Information	Yes/No	.....
	