

# Consent Form

**CONFIDENTIAL**

To be completed by all participants (or by the Parent/Guardian for participants under 18) participating in Water activities. This form will be shown to School Staff, Roonka Water Activity Centre Facilitators and Emergency Services Personnel responsible for this participant's safety in Water activities.

***PARTICIPANTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM***

## Section 1: Personal Details

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School/Organization \_\_\_\_\_ Medic Alert No. (if relevant) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Contact No. \_\_\_\_\_

## Section 2: Health Support Information

Please complete the following information so the facilitators and school staff can plan for your / your child's safety in the water.

Do you/does your child have a health care need that could affect your/their safety in the water? Yes ☐ No ☐

If NO - please go to Section 3 - consent to participate in Water Safety Activities.

If YES - you must complete this section below:

If you tick any of the boxes below, the Roonka Facilitator require a written Health Care Plan from your/your child's doctor / treating health professional. This may be a copy of the information you have provided already to the school, or further information relating to a water environment / activity.

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 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"/>

### IMPORTANT:

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

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

If **NO** - Failure to provide a Health Care Plan will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Attached:

If you tick any of the boxes below regarding your child's well-being in the water, The Facilitator needs a brief outline of the student's specific issue in regards to water.

Anxiety ☐ Fear of Water ☐ Other ☐

Details:

Please indicate your child's level of swimming ability (50m in deep water): No swim ☐ With struggle ☐ Competent ☐ With ease ☐

## Section 3: Consent to take part in Water Safety activities:

I give consent for my child named above to participate in Water Safety activities which will be supervised by School Staff/Parent/Caregiver. I understand that the water safety instructor will be in charge of the water activities.

I understand that failure to provide a Health Care Plan will mean standard first aid management can only be applied.

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:</p> <p>Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance.</p> <p>No return to the water for the remainder of the session after two lots of reliever medication within any given session.</p>
Seizures	<p>Any student with a diagnosed history of seizures, must have an adult acting as one to one safety watch, provided by the school. Seizures are generally managed in the water when it is not safe or possible to move participants onto the land.</p> <p>Continuation in the Water Safety program that day will be assessed by a supervising teacher in consultation with the student's health care plan.</p>
Diabetes	<p>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 fitted plugs to be worn throughout water activities, unless written medical advice is provided saying this is not necessary.</p>
Cryptosporidium Infection	<p>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 areas. 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 the symptoms have stopped.</p>
Choking	<p>As per Care Plan.</p>
Infection	<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 enter the water until the wound has closed.</li><li>• Students with ringworm should not commence water activities until at least 24 hours after commencement of appropriate treatment (usually a topical anti-fungal cream)</li></ul>
Swimming Ability	<p>All students will be required to wear a PFD while undertaking all water activities. Those participants that are indicated as no swim will be provided with a life jacket when conducting activities around the water as well.</p>

**## NB** Failure to provide adequate information about your child's health condition will mean that in the event of a medical emergency your child will be treated with standard first aid management.

Please email [info@roonka.org.au](mailto:info@roonka.org.au) with any concerns or questions.