



ENROLMENT MEDICAL FORM & MEDIA CONSENT

We understand that the information you will provide here is confidential and will be treated as such. It will only be used to ensure that our trainers are adequately prepared for what to do in case of emergency.

Participant's details

Surname _____

First name _____

Date of birth _____ / _____ / _____

Address _____

Parent/Guardian details

Name _____

Mobile phone _____

Email _____

Name of parent/carer responsible for your child during the program _____

ABOUT YOUR CHILD

Disability

1. Please describe your child's disability

2. What level of support does your child need to participate in Starfish Nippers activities?

- Requires a high level of support
- Requires minimal support
- Requires no additional support (has age-appropriate physical and interaction skills)

Medical conditions

If you answer 'yes' to any of the following, please attach a copy of your child's detailed emergency medical plan

1. My child has the following impairments: (please tick as many boxes as relevant)

- Hearing
- Speech
- Vision
- Mobility

2. Does your child have epilepsy?

- No
- Yes – type of seizures

3. Does your child have any allergies?

- No
- Yes – specify



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4. Does your child have asthma? No Yes –
 Do they need to take medication during the session? No Yes
 What asthma symptoms do they have? _____
5. Has your child had any operations? _____
6. Does your child have any other medical conditions we need to know about?

Communication

1. My child is able to: *(please tick as many boxes as relevant)*
- | | |
|-----------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Communicate verbally | <input type="checkbox"/> Understand verbal instructions |
| <input type="checkbox"/> Make eye contact | <input type="checkbox"/> Understand non-verbal communication (eg hand gestures) |
2. My child requires communication aids No Yes – specify
- | | | | |
|----------------------------------|----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Austain | <input type="checkbox"/> Makaton | <input type="checkbox"/> Compic | <input type="checkbox"/> Board Maker |
|----------------------------------|----------------------------------|---------------------------------|--------------------------------------|
- Other – specify _____
3. Is your child likely to show frustration or distress? No Yes
4. What strategies are successful in calming your child when they are frustrated or distressed?

Mobility

1. My child requires assistance to walk Never A few times Regularly
2. My child has swum in the ocean Never A few times Regularly
3. My child can:
- | | | |
|-----------------------------|------------------------------|--------------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Hold their breath underwater for 5 seconds |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Tread water/float > 1 minute |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Dog paddle (specify distance) _____ |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Swim freestyle (specify distance) _____ |
4. With swimming, my child:
- Is very competent in deep water
 - Can swim unaided with a flotation device
 - Cannot swim or does not like swimming
 - Requires more than one assistant for support in the water

Additional Information

What does your child like doing? _____

Please specify anything they do NOT like to do? _____

What qualities normally work best in a person supporting your child? _____



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CHECKLIST

ALL SECTIONS BELOW MUST BE COMPLETED

PHOTO

No Yes I have attached a current photo of my child

MEDICAL

General

No Yes I certify that the information provided on this form is correct

No Yes I agree that a parent or carer will be present on the beach and available to assist at all times during the program

No Yes I understand that my child cannot enter the water at any time without the direct supervision of a qualified trainer

If your child has epilepsy

No Yes I understand there are risks associated with my child participating in the Starfish Nippers program and consent to my child participating

No Yes I agree to be with my child when they enter the water at all times

No Yes I have provided a current epilepsy plan

If your child has asthma

No Yes I have provided a current asthma plan

MEDIA CONSENT

No Yes I give permission for any images (still or video) taken of my child during the program may be used for promotional purposes for the Starfish Nippers program, including but not limited to hard copy publications and online channels (eg website, social media, YouTube)

Participant's name _____

Signature of parent/guardian _____

Print name _____

Date _____ / _____ / _____



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