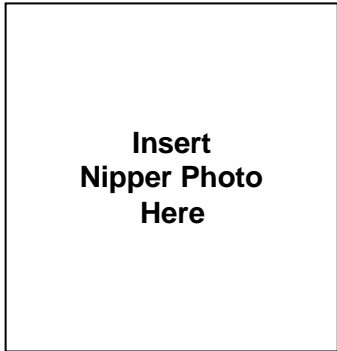




Anglesea Surf Life Saving Club Inc.
A.B.N 14 544 659 974



Starfish Nippers Participant Medical Enrolment Form 2018-19

Participant's Details:

Surname: First Name: Date of Birth:/...../.....

Address:

Post Code: Parent/Carer Mobile Number:

Email:

Type of Disability:

Medical Conditions:

Does the participant suffer from any of the following impairments? Hearing: Vision: Speech: Mobility:

Does your child have Epilepsy: No / Yes – types of seizures:

Does your child have any Allergies: No / Yes – please name:

Does your child use an epipen or epipen or anapen for anaphalaxis? No / Yes

Does your child have Asthma? No / Yes – do they need to take medication during the session? No/Yes

Asthma Symptoms:

Has your child had an operation or serious illness in the last 6 months? No / Yes

Details:

Other medical conditions that we need to know:

.....

If answering yes to any of the above medical conditions please attach their detailed emergency medical plans

What Level of Support Do You Believe Your Child Needs to Participate in the Star Fish Beach Activities?

Minimal support Increase child/staff ratios to participate in activities

Interacts in and has physical skills at an age appropriate manner

Communication

My child is able to:

Communicate verbally Understand verbal instructions

Makes eye contact Understand non-verbal communication (E.g. hand gestures)

Does your child require communication aids: Yes / No

If yes please state type:

Makaton Compic Board Maker Auslan Other

How does the child demonstrate frustration or distress?

.....

.....

What strategies are successful in calming your child in these situations?

.....



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Mobility:

Requires assistance to walk? Yes / No If yes please specify type of assistance required:

.....
.....

Does your child enjoy being: Quiet Active Very Active
Other (please specify):

.....
.....

Experience in the Water:

When it comes to swimming is your child:

Very competent in deep water Can swim unaided with a floatation device
Does not like swimming Requires more than one assistant for support in the water

Has your child ever had swimming lessons? Yes / No

Has your child ever been swimming in the ocean? Never A few times Regularly

Freestyle Distance Dog Paddle Distance

Can hold breath underwater for 5 Seconds Yes / No Tread water / float > 1 minute Yes / No

Additional Information:

What makes your child happy?

.....
.....

Is there anything they do NOT like to do? (Please specify)

.....
.....

What personality traits do you like in someone supporting your child?

.....
.....

Permission to be Photographed / added to Website/ Facebook / Instagram Yes / No

Thank you for taking the time to complete this Participant Medical/Enrolment form. It will be used to ensure that our instructors are adequately prepared and aware of what to do in case of emergency. We understand that the information you have provided is confidential and will be treated as such.

I certify that the information contained within this form is correct, and up to date.

I guarantee that a parent / carer will be present at all times on the beach & available to assist during the Starfish Nippers sessions.

Signature of parent/Guardian: Date: / /

Print Name: