

Medical Details Form

Participant Name: _____ Date of Birth: _____

Emergency Contacts (Not the same person as listed above)

1st Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Medical Details

Medical Condition: _____

Reaction: _____ Severe/Mild: _____

Action Plan: _____

Additional needs – If the above participant has any additional needs, please fill in the Special Requirements section below, and speak to a staff member to discuss how we can best meet your needs during the program.

Authorisation

I, _____, in the event of an accident or illness suffered by the above named person authorises the City of Mandurah Recreation Centres to administer or obtain, on my behalf, such medical assistance as may be deemed necessary. I also agree to reimburse the City of Mandurah Recreation Centres for any expense by doing so. In case of emergency, I agree to the above named person be transported by private vehicle/ambulance.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years): _____

Print Name: _____

Special Requirements

Level of Support Required: _____

Communication Details: Verbal, Non-verbal or Auslan (sign): _____

Preferred language spoken at home: _____

Behavioural concerns that may affect class/learning: _____

Cognitive Level / Level of Understanding: _____

Please specify any other concerns (i.e. Epilepsy/Diabetes/Other) _____

Are there any medical professionals or therapists that we need to be aware of?

Swimming lesson specific questions

Water confidence (Please circle): No experience Some Ability Other: _____

Is floatation equipment usually used at home? _____