



Swim School Enrolment Form

Medical Information: To be completed by parent/ guardian

Please complete the following information so the instructors and pool staff can plan for your child's safety at the Centre. No student will be excluded from swimming except upon medical advice or without a medical form returned. Email to swimcentre@marion.sa.gov.au

Student Name: _____ **Date of birth:** _____

Address: _____ **Post Code:** _____

Contact Person: _____ **Relationship:** _____

Contact (Mobile): _____ **(email)** _____

Secondary emergency contact: _____ **Contact number** _____

Does your child have a health care need that could affect their safety in the water? Please mark the following and give details where appropriate.

Asthma	Yes/No	Seizures	Yes/No
Skin Conditions	Yes/No	Diabetes	Yes/No
Severe Allergies	Yes/No	Communication Difficulties	Yes/No
Joint Problems	Yes/No	Vision Impairment	Yes/No
Ear Problems	Yes/No	Incontinence	Yes/No
Other	Yes/No		

If you answered Yes to anything above, please provide details

Preferred Day

(Please circle)

MONDAY TUESDAY WEDNESDAY THURSDAY SATURDAY

Preferred Level

(Please Circle)

1 2 3 4 5 6

*I have read and understand all of the information given to me.
 All details provided on this medical form are up to date and correct to the best of my knowledge.
 I understand that all information provided is confidential and will only be used for medical care.*

Signed: _____ **Print Name:** _____ **Date:** _____

Marion Outdoor Pool staff to complete

Booking confirmed

Booking entered into system

Yes Date.....

Yes Date.....

Staff member.....

Staff member.....