

Swim Program

Medical Form



Parent/guardian details

Last name:	First name:
Home telephone:	Mobile number:
Email:	

Students Details

Child's name:	Date of birth:	Age:
School:	Year:	

Diagnosed Conditions: (please state all)

Physical Symptoms:

My child's physical support needs are:	Mild	Moderate	High
	1	2	3
			4
			5
			6

Does your child have a history of motor co-ordination problems:

Fine Motor:	Gross Motor:
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Has your child received assistance from any of the following?

Occupational Therapist

Speech Therapist

Comments

How does your child relate to others? Family members, peers , teachers e.g. verbally, physically

Are there particular communication styles that work best for your child?
What does your child like to do?
What are your child's dislikes:
What are your child's strengths:
Does your child have any "triggers" that would be helpful for us to know?
Please advise your child's swimming history/exposure to water.
What are your aims for your time at Swim School?
Is there any further information that would assist us?

This information must be completed and received by FLC Swim School two days prior to the first lesson.

Email: swimschool@fremantle.wa.gov.au

If we have not received this form, two days prior, we are unable to start the classes until such time as the teacher has had sufficient time to look over the information.

Please attach any extra information regarding medical, learning or development that you think would be useful to the child's teacher to enable them to provide an effective and personalised lesson. Information specific to your child's disability or condition will be very helpful.

Our teachers are qualified to teach children to learn to swim and some teachers have completed an extension course in working with children with a disability. Please be aware that it may be necessary to have a parent or carer in the water. Please have somebody available (parent/guardian/carers) on the first lesson so that we can determine if this is necessary for each lesson.

Responsible Person Name:	Date:
Responsible Signature:	