



# Swimming and Water Safety

## Child with additional needs

In order for your child to have the best VacSwim experience possible we would like to know how to best support them in their lessons, please consider completing this form. The information provided will be treated as private and confidential. Please email us to advise of any changes, for each year that you enrol.

Child's name: \_\_\_\_\_ Age: \_\_\_\_ User ID: \_p\_\_\_\_\_

**If your child has additional needs that may affect their safety or require learning adjustments within an aquatic environment, please provide details below:**

Further information (such as medical needs):

**Please indicate other useful information below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Assistance is required to enter the pool | <input type="checkbox"/> Your child may pose a flight risk   |
| <input type="checkbox"/> Your child is non-verbal                 | <input type="checkbox"/> Noise, water on your child's face, or putting head under the water may cause your child distress. |
| <input type="checkbox"/> Your child uses sign language            |  |

**If your child becomes distressed, the instructor may need to, please indicate:**

- |   |   |
|---|---|
| <input type="checkbox"/> Give a break                     | <input type="checkbox"/> Assist with a specific behaviour management plan |
| <input type="checkbox"/> Ask the person assisting to help | <input type="checkbox"/> Use a favourite waterproof item provided by you. |

Please indicate if your child will be assisted by an adult in the pool:  Yes /  No

Any other relevant information:

Form completed by:

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

Please return this form marked private and confidential to [Vacswim@education.wa.edu.au](mailto:Vacswim@education.wa.edu.au) as soon as possible, and no later than **the enrolment closing date for your selected VacSwim program. Thank you.**

For office use only:		
Program	Venue	Stage