



Hallett Community Pool VACSWIM program 2020

Monday 6th to Friday 10th January (5 days in total).

Enrolment & Medical Form

NOTE: ALL VACSWIM participants MUST be going to Primary School in the year 2020.

Parent/Guardian Name: _____

Address: _____

Telephone number(s): _____

Name of Child: _____ **Male / Female** **Date of Birth:** ____/____/____

I wish to enrol in level: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ A/R ☐ B/S

Medical or Learning Conditions (please elaborate on the back of this sheet if you need more room):

☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergy:

☐ Other: _____

Medication: _____

If a medical emergency arises our instructors are qualified to conduct standard emergency first aid, unless you note

Name of Child: _____ **Male / Female** **Date of Birth:** ____/____/____

I wish to enrol in level: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ A/R ☐ B/S

Medical or Learning Conditions (please elaborate on the back of this sheet if you need more room):

☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergy:

☐ Other: _____

Medication: _____

If a medical emergency arises our instructors are qualified to conduct standard emergency first aid, unless you note

Name of Child: _____ **Male / Female** **Date of Birth:** ____/____/____

I wish to enrol in level: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ A/R ☐ B/S

Medical or Learning Conditions (please elaborate on the back of this sheet if you need more room):

☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergy:

☐ Other: _____

Medication: _____