



Starfish Nippers Participant Medical Enrolment Form

Participant's Details

Surname:First Name:Date of Birth: __/__/__

Address:

Parent/Carer NamesMobile Numbers

Email:

Permission for promotional photos/video for online, media, etc. (Please circle) Yes No

Type of Disability.....

Medical Conditions:

Does the participant suffer from any of the following impairments:

Hearing: Vision:

Speech Mobility

Does your child have Epilepsy: No / Yes – types of seizures:

Does your child have any Allergies: No / Yes – please name:

Does your child have Asthma? No / Yes – do they need to take medication during the session? No/Yes

Asthma Symptoms:

Operations:

Other medical conditions that we need to know:

If answering yes to any of the above medical conditions please attach their detailed emergency medical plans

What level of support do you believe your child needs to participate in the Starfish Nipper activities?

- Minimal support
- Increase child/staff ratios to participate in activities
- Interacts in and has physical skills at an age appropriate manner

Communication – My child is able to:

Communicate verbally Understand verbal instructions
Makes eye contact Understand non-verbal communication (E.g. hand gestures)

Does your child require communication aids: Yes / No

If yes please state type:

Makaton Compic Board Maker Austain Other.....

How does the child demonstrate frustration or distress?

.....
.....
.....

What strategies are successful in calming your child in these situations?

.....
.....



Mobility – My child:

Require assistance to walk? Yes No

If so please specify type of assistance required:

Does your child enjoy being: Quiet Active Very Active

Other *Please Specify:

Experience in the Water:

When it comes to swimming are they;

Very competent in deep water Can swim unaided with a floatation device

Does not like swimming Requires more than one assistant for support in the water

Has your child ever had swimming lessons? Yes / No

Has your child ever been swimming in the ocean? Never A few times Regularly

Freestyle Distance

Dog Paddle Distance.....

Can hold breath underwater for 5 Seconds Yes / No

Tread water / float > 1 minute Yes / No

Additional Information:

Likes & Dislikes:

What makes your child happy?

Is there anything they do NOT like to do? (Please specify)

What personality traits do you like in someone supporting your child?

Thank you for taking the time to complete this Participant Medical/Enrolment form. It will be used to ensure that our instructors are adequately prepared and aware of what to do in case of emergency. We understand that the information you have provided is confidential and will be treated as such.

I certify that the information contained within this form is correct, and a parent / carer will be present at all times on the beach & available to assist

Signature of parent / Guardian: _____ Date: __ / __ / __