



Regular Swimming Authorisation Form



The reason the child is swimming.	<ul style="list-style-type: none"> • Programmed swimming Activities. • Supervised Casual swim.
The days your child will be swimming, days can change due to pool access.	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Description of the location and swimming destination.	SLOOSH KIDSCARE to Michael Wenden Aquatic Centre – Outdoor Pool 62 Cabramatta Road Miller 2168.
Mode of Transportation to the location.	Walking in individual group with the appropriate Staff Ratio numbers (1:5)
The period of time during which the child is to be swimming.	ASC between 3.30pm to 5.30pm Vacation Care between 9.30am to 5.30pm Duration Approximately 30min to 1.00hr.
The anticipated number of children likely to be swimming on any nominated day.	ASC: - up to 15 children. Vacation Care: - up to 25 children. Number will vary depending on Staff Ratios.
The ratio of Educators / Adults who will be accompanying and supervising the children during swimming.	Ratio of Staff / Adults to Children will be 1:5 at all times.
Does your child require swimming aids when swimming? Please Tick. Yes <input type="checkbox"/> Your child is a weak swimmer. No <input type="checkbox"/> Your child is a good swimming.	Children that cannot swim will be required to wear floaties or a flotation device that are supplied and adjusted by SLOOSH KIDSCARE Educators.
Items that each child will need to bring for swimming:	Towel, hat, sunscreen.
A risk assessment / Physical Environment policy and Pool Procedure has been prepared and is available at the Service.	

By signing this authorisation form, I _____ give permission for my child to attend programmed swimming and activities.

The authorisation will be valid for the transportation to and from the location / destination for swimming that the Service visits regularly as part of their educational program, and where the circumstances relevant to the risk assessment are substantially the same on each outing.

Childs Name: _____

Signature Parent / Guardian _____ Date Signed __/__/__

Signature Parent / Guardian _____ Date Signed __/__/__