FITKONNECT SWIM & AQUATIC SAFETY CAMP CONSENT FORM

fitkonnect by FITBRIDGE LTD

To be completed by the Parent/Guardian for children participating in swimming and aquatics activities. This form will be sent to the Swimming Instructors and Emergency Services Personnel responsible for this student's safety at swimming and aquatics activities.
CHILDREN WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT

SECTION 1: PERSON DETAILS

Child's Name..... **Gender**.....

Child's Date of Birth ..... **Primary Contact No**.....

Name of Parent (S)..... **ID/ Passport**.....

Emergency Contact Person ..... **Contact No** .....

SECTION 2: HEALTH SUPPORT INFORMATION: PLEASE COMPLETE THE FOLLOWING INFORMATION SO THAT FITKONNECT INSTRUCTORS AND STAFF CAN PLAN FOR YOUR CHILD'S SAFETY IN THE WATER.

Does your child have a health care need that could affect their safety in the water? ☐ YES ☐ NO

If NO – please go to section 3 – consent to participate in Swimming or Aquatics Activities. If YES – please complete this section. If you tick any of the boxes below the Swimming and Aquatic Instructors need a written health care plan from your child's doctor/treating health professional. This may be a copy of the information you have provided already to the FitKonnect.

IMPORTANT: failure to provide required medication will result in standard First Aid Management in an emergency.

Asthma		Seizures, Epilepsy	
Severe allergy (e.g. bee sting)		Diabetes	
Joint disorder		Heart Disorder	
Vision impairment		Hearing impairment	
Ear disorder		Skin condition	
Incontinence		Swallowing/choking	
Medication usually taken at school		Communication difficulties	
Other (please provide details)			

Standard Health Care Support for the most common health conditions:

Asthma:	Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form. Standard First Aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.
Seizures:	No swimming without health care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures must have an adult acting as one to one safety watch, provided by parents. Seizures are generally managed in the pool. Continuation in the swimming program that day will be assessed by supervising instructor in consultation with student's health care plan.
Diabetes:	No swimming without health care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.
Severe Infection:	All open wounds must be covered, for the child's own protection, with a control water proof occlusive bandage. Children with significant unhealed wound(s) will be advised not to go swimming until such wounds are closed. Wearing slip-on footwear while walking in the pool area and change rooms is recommended as it protects against transmission of infections.

Have you attached health care details from your child's doctor/treating health professional? If NO, staff and instructors will provide standard supervision for safety and first aid (see over). If YES, write down what you have attached and please ensure all relevant medication is provided

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SECTION 3: - CONSENT TO TAKE PART IN SWIMMING OR AQUATICS ACTIVITIES. PLEASE ANSWER THE FOLLOWING QUESTIONS.

Does your child require armbands/flotation devices? ☐ YES ☐ NO

Can your child swim 25 meters? ☐ YES ☐ NO

(Children in need of armbands/flotation devices and/or unable to swim 25 meters will be restricted to the shallow end for the first two weeks). We must insist that any behavior that we feel may subject any other child to possible danger, be dealt with immediately, and could result in the removal of the offending child from the pool.

I am satisfied that my child will be sufficiently competent to safely enjoy the swimming sessions organized by FitKonnect. I give my consent for my child named above to participate in swimming or aquatic activities. I understand that FitKonnect staff will be present and provide supervision for safety. I understand that the swimming or aquatic instructor will be in charge of the water activities.

Please complete the sign-up process by making a payment of **KES.6,000.00** and indicating your payment reference/ code below;

☐ **MPesa PayBill: 4076285**	**Payment Ref/ Code:**
☐ **MPesa No. +254 791 929 454**	**Payment Ref/ Code:**
☐ **NCBA KSh. Bank A/c: 4887940013**	**Payment Ref/ Code:**
☐ **NCBA USD. Bank A/c: 4887940029**	**Payment Ref/ Code:**

I confirm that I consent to my child participating in the FitKonnect Swim and Aquatics Safety Camp, having read and fully understood the above guidelines, safety conditions and standards, and having completed the requisite payments;

Parent/Guardian.....

Signature..... *Date*.....

FINISH

NB:

Kindly note that FitKonnect will not provide any food/snacks/or refreshment for the children. Parents/guardians must ensure that their children are well nourished before and after the sessions.

Beginner Swimmers: Please make sure that your swimmer has basic swimming equipment and accessories including a decent competition admissible swimming costume, a water bottle, and a pair of swimming goggles.

Intermediate to advanced Swimmers: Please make sure that your swimmer has basic swimming equipment and accessories including a decent competition admissible swimming costume, a pair of swim goggles, a pair of short fin zoomers fins, a kickboard, a water bottle, and a pull buoy.

Should you wish to discuss this matter and your child's involvement please feel free to contact us on +254 791 929 454 or go@fitkonnect.com. You can also check our website www.fitkonnect.com for more information.