PAC OSHC
Consent Form

Parent/ Caregivers name:

Address:

Phone:

E-mail:

Childs name :

Medical Information

Whom should we contact in an emergency?

Please include parent/guardian information

Name	Telephone Number (s)	Email

Allergies: Y / N Please list:

Asthma Y / N if yes, please provide asthma plan

Dietary Requirements eg, Intolerances

Please list:

*Please ensure all medicare and GP details are all up to date via Xplor

Transport and Water Consent

I give consent for my child to attend Bowling & Laser tag day via bus (7th December) ☐

I give consent for my child to attend The Barossa Christmas Factory day via bus (10th December) ☐

I give consent for my child to attend The Red Centre day and walk (11th December) ☐

I give consent for my child to attend The Payneham Pool day via bus (15th December) ☐

I give consent for my child to attend The Woodside cherry picking day via bus (17th December) ☐

Swimming Ability

To enable OSHC staff to group your child into a suitable smaller group can you please select a level that best describes your child's swimming ability.
If **Intermediate** is selected your child will be participating in the 'larger pool' which the greatest depth is 2 meters deep.

If **Beginner** is selected your child will be participating in the 'smaller pool' which the greatest depth is 1.25 meters deep.

- **Intermediate** (can swim 25 meters without stopping
- **Beginner** (can swim 5 meters)
- **Non Swimmer**

details.....

By signing below, I acknowledge that I have read, understood, and consent to the above

Parent/ Guardian Signature:

Date: