



# 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 excursions

I give consent for my child to travel by bus to various excursions (all busses are fitted with seatbelts and are required to be worn at all times)

## 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: