



Peak School Hydro Pool Assessment and Consent Form

Please read carefully, should you have any queries please contact the school or ask the advice of your GP if uncertain at all.

Name

Date of Birth.....

Address.....

Contact numbers

Home.....

Work.....

Names of parents /guardians

.....

Contraindications do you or your child, have any of these conditions or treatments.
Please add any comments.

Unstable heart	yes/no
Raised temperature	yes/no
Incontinence of bladder	yes/no
Incontinence of bowels	yes/no
Skin or wound infection	yes/no.....
Receiving Chemotherapy	yes/no.....

Precautions

Other cardiac conditions	yes/no.....
Epilepsy	yes/no If yes is this medically controlled.....
Renal problems (kidneys)	yes/no.....
Diabetes	yes/no.....
High or low blood pressure	yes/no.....
Ear infections	yes/no.....
Perforated eardrum	yes/no.....
Have hearing aids or grommets	yes/no.....



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Foot infections such as
Athlete's foot ,fungal infection. yes/no.....
Respiratory disease yes/no.....
Asthmatic yes/no.....
Skin sensitivity/condition yes/no.....
Hickman line in situ yes/no.....
Haemophilia yes/no.....
Learning difficulties yes/no.....
Mobility problems yes/no.....
Fear of water yes/no.....
Gastrostomy in situ yes/no.....

I am unaware of any medical reason why I or my child cannot attend hydrotherapy and therefore give my consent.

Signed

Parent/Guardian.....

Date.....