



2023/24 Youth Sailing Consent Form v1

CONFIDENTIAL

To be completed by the Parent/Guardian for children participating in sailing activities. This form will be shown to Club personnel and sailing instructors and Emergency Services Personnel responsible for this child's safety at sailing activities.

CHILDREN WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT A COMPLETED AND SIGNED CONSENT FORM

Section 1: Person Details

Name Date of Birth

Medic Alert No. (if relevant)

Parent/Caregiver (1) Contact No

Parent/Caregiver (2) Contact No

Email:

Section 2: Health Support Information

Please complete the following information so the instructors can plan for your child's safety in the water.

Does your child have a health care need that could affect their safety in or on the water? **Yes/No**

If NO – please go to section 3 – consent to participate in Sailing Activities.

If YES – please complete this section:

If you tick any of the boxes below the Sailing 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 your child's school.

IMPORTANT: Failure to provide required medication will result in exclusion from the program.

<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/> Seizures, Epilepsy	<input type="checkbox"/>
<input type="checkbox"/> Severe allergy (e.g. bee sting)	<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>
<input type="checkbox"/> Joint disorder	<input type="checkbox"/>	<input type="checkbox"/> Heart Disorder	<input type="checkbox"/>
<input type="checkbox"/> Vision impairment	<input type="checkbox"/>	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/>
<input type="checkbox"/> Ear disorder	<input type="checkbox"/>	<input type="checkbox"/> Skin condition	<input type="checkbox"/>
<input type="checkbox"/> Incontinence	<input type="checkbox"/>	<input type="checkbox"/> Swallowing/choking	<input type="checkbox"/>
<input type="checkbox"/> Required medication	<input type="checkbox"/>	<input type="checkbox"/> Communication difficulties	<input type="checkbox"/>
<input type="checkbox"/> Other (please provide details)	<input type="checkbox"/>		<input type="checkbox"/>

Have you attached health care details from your child's doctor/treating health professional? **Yes/No**

If NO, officials 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 sailing activities

I give my consent for my child named above to participate in sailing activities

I understand that Club officials will be present and provide supervision for safety.

I understand that the sailing instructor will be in charge of the water activities.

I give consent to the Port Lincoln Yacht Club to take and use any still and video photographic images of my child for the purpose of the promotion of sailing in newsletters, newspaper articles, member email circulars and the Club and AS web pages.

Parent/Guardian Signature Date.....

Standard Health Care Support for the most common health conditions:

<i>Asthma</i>	<p>Any child currently prescribed asthma medication must bring their Medication. Asthma care plan should be attached to this consent form.</p> <p><i>Standard First Aid:</i></p> <p>Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, wait four minutes. If still no relief, call an ambulance.</p> <p>No return to the water after two lots of reliever medication within any given session.</p>
<i>Seizures</i>	<p>No sailing without care plan from doctor/seizure specialist.</p> <p>Any child with a diagnosed history of seizures will have an adult acting as one to one safety watch. Continuation in the sailing program that day will be assessed by supervising instructor/ teacher and parent/ caregiver in consultation with student's health care plan.</p>
<i>Diabetes</i>	<p>No sailing without care plan from doctor/diabetes specialist.</p> <p>First aid as per individual diabetes care plan.</p>
<i>Severe Allergy</i>	<p>As per allergy specialist care plan.</p>
<i>Drainage Tubes in Ears</i>	<p>Ear wrap or properly fitted plugs to be worn throughout water activities unless written medical advice is provided saying this is not necessary.</p>
<i>Incontinence</i>	<p>As per care plan.</p>
<i>Choking</i>	<p>As per care plan.</p>
<i>Infection Control</i>	<p>All open wounds must be covered, for the child's own protection, with a waterproof occlusive bandage.</p>
<i>COVID19</i>	<p>All events, whether sailing or social, conducted at PLYC will be conducted in compliance with the current SA Government COVID-19 Regulations.</p> <p>The General Committee may publish additional guidelines on the Club website to alert members to any special requirements.</p> <p>Participants in sailing and social events hosted at the Club shall comply with the current Government Regulations and Club guidelines.</p>