

MEDICAL DETAILS - LEARN TO SWIM STUDENT

This information is made available to your swim teacher under the strictest confidentiality. It is helpful for the teacher to be made aware of any specific details related to the student to assist them with their lessons. We encourage parents to communicate with the teacher on the first lesson as to any specific needs.

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WAVES LEISURE CENTRE
111 Chesterville Rd
Highett t 9559 7111

DON TATNELL LEISURE CENTRE
Warren Rd & Brisbane Tce
Mordialloc t 9587 1016

  **KINGSTONACTIVE**

Date: _____

Student Name: _____

Class Day/ Time: _____

Medical Condition/Diagnosis: _____

Details: _____

What does the student absolutely love?

What type of rewards system does the student respond to?

What are the aquatic goals for the student?

Short Term

Long Term

What are the students preferred method of communication? Include both expressive and receptive

Are there any behaviours of concern? If yes, what strategies have worked in the past?

Is there an Emergency Management Plan for this student? If yes, please specify details.

Other Comments:
