Yarra Ranges Special Developmental School
Celebrating Ability

PO Box 19, Mt Evelyn Vic 3796 I 20 Burdap Drive, Mt Evelyn Vic 3796
Telephone: 03 9736 2499 I Email: yarra.ranges.sds@education.vic.gov.au
ABN: 50 554 025 216 I School Number: 015246

Swimming program

Dear Families & Carers,

Yarra Ranges Special Developmental School is fortunate to have its own, on-site swimming pool. Our qualified AUSTSWIM instructors lead the program throughout the year with a focus on water familiarisation, adapted swimming, water safety skills, water-based exercises and fun.

We look forward to having your child in the pool once their consent form and relevant medical information has been returned. You will be notified in which term your child's class will be swimming. On occasions, your child may (if they have bathers) be able to participate in an extra session where spaces are free, so please send their bathers in even if it's not their term to swim.

Your child will require **bathers or close fitting swim or bike shorts** and **a towel** in a waterproof bag and we ask that these be named. If your child requires an **incontinence product**, it is essential that this is provided for each session and that it fits well.

Please sign the consent form overleaf and note that students will not be able to participate in the aquatics program without your consent. Students who have asthma or seizures are required to have an up to date annual seizure management plan and Asthma action plan signed by a Doctor.

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AUSTSWIM Instructor

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Swimming consent 2026

Our Aquatics program takes place in our on-site heated pool, with water temperatures set between 33-34 degrees. The air temperature in the pool area ranges between 34-35 degrees and there are heaters in the changerooms.

All staff are trained to support our students safely in the pool, but there is an increased risk for students with some medical conditions. These include:

- Epilepsy/seizures – you must provide an up-to-date seizure management plan
- Asthma – you must provide an up-to-date asthma management plan
- Diabetes
- Heart conditions
- Respiratory/breathing conditions
- Heat sensitive conditions
- Inflammatory conditions
- Recent surgery
- Wounds

If your child has any of the above conditions or you have any concerns about their suitability, we encourage you to speak to your doctor before providing consent.

If your child's health status changes during the year, we may ask you to discuss the safety or suitability of participating in the pool program with your doctor. In the case of a child with a diarrhoea illness, they will not be able to enter the pool until 14 days after their symptoms have resolved.

If you have any questions, please do not hesitate to contact the school Nurses or Aquatic staff.

I _____ (parent/guardian name) give my informed consent for

_____ (Child's name) to take part in the Yarra Ranges Special Developmental School Aquatics program.

I am aware of and accept that there are increased medical risks for my child associated with a heated pool environment.

Signed: _____ Date:_____