



POOL USER DETAILS

As a requirement of our hireage of the Burwood Hospital Hydrotherapy Pool we are required to maintain an accurate record of details of swimmers. Every swimmer must provide this information to ParaFed Canterbury and it will be checked regularly.

Today's Date: _____

Name: _____

Phone / Mobile: _____

Email address: _____

Disability & Medical Conditions: _____

	Yes	No
Verruca / Athletes Foot		
Infectious Skin Disorders		
Low / High Blood Pressure		
Angina / Heart Condition		
Respiratory Problems		

	Yes	No
Hepatitis		
Diabetes		
Epilepsy		
Bladder Continence		
Bowel Continence		

Body Weight: (in case the emergency services need to administer medication) _____ kg

Current Medications

Please list current medications that are essential to life or have the potential to be life threatening if combined with another treatment.

In case of Emergency: _____

Phone: _____ **Mobile:** _____

By completing this form you agree to the pool criteria and rules and agree the above information is a true record. Should you not complete this form means that you are unable to use the ParaFed Canterbury pool session.

Swimming Assistant Details: (caregiver who enters the pool)

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

If you have any questions or concerns please do not hesitate to contact ParaFed Canterbury on (03) 385 4449.

POOL USER DETAILS

ParaFed Canterbury Recreational Pool Sessions

Pool User Criteria

ParaFed Canterbury is required as part of offering this service to develop criteria and rules around pool usage. This is to ensure the safety of all those involved and in order to meet our requirements by the CDHB in order to use their facilities.

1. Pool users must be a **current** financial member of ParaFed Canterbury (financial year runs from the 1st of January – 31st December, membership is \$40)
2. Cost is \$2.00 per member per session (assistants do not have to pay)
3. If you require assistance in the pool, your caregiver must physically assist / supervise you and be within 1.5metres of you at all times.
4. If a member is under the age of 10 they must be actively supervised by an adult. Actively supervised means able to provide immediate assistance to the swimmer)
5. ParaFed Canterbury swimming sessions are available for members who have a physical disability and are for social, recreational or hydrotherapy swimming only. Please note these sessions are not for continuous lap swimming.
6. Please ensure you shower prior to entering the pool as this assists in maintaining the water quality & hygiene.
7. If you have had diarrhea or vomiting in the past two weeks please do not enter the pool.
8. Please do not enter the pool with any broken skin / wounds.
9. Anyone with continence issues must not use the hydrotherapy pool.
10. It is not recommended that you spend more than 40 minutes in the pool. Please remember to drink plenty of water as the heat of this pool will cause dehydration.
11. If you become aware of any maintenance / cleaning requirements, please inform the pool supervisor, who will pass this information on through the correct channels.
12. The door into the pool is to be closed at all times as it is legally a “gate” to the swimming pool and must be closed. There is a door bell if you are unable to open the door yourself.
13. ParaFed is required by the CDHB to hold a record of emergency contact details of all pool users which must contain next of kin contacts, swimmers weight (for administration of medication by emergency personnel) and information of serious medical conditions (i.e. epilepsy, heart conditions, allergies etc).
14. 25 is the safe maximum number of people in the pool, including swimming assistants/carers.

Signature:

Date:

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ParaFed Canterbury

Recreational Pool Sessions



Responsibilities of Swimming Assistants/Carers

Carers need to be water confident.

The carers names and contact details are required to be held with the client file.

You must actively assist your client/family member in the pool and be within 1.5metres of them at all times.

Carers must shower before entering the pool.

Your responsibilities are depended on your client/family members needs but would usually include:

- Assisting with dressing your client.
- Assisting with transferring your client.
- Assisting with showering your client
- Assisting your client in and out of the pool
- Assisting your client to move safely in the pool
- Assisting your client with activities in the pool.
- Assisting your client in event of emergency or evacuation of the pool

Carers must not enter the hydrotherapy pool if they:

- Are unwell
- Have experienced vomiting and/or diarrhea in the past two weeks
- Have any broken skin areas
- Have any infections (including athletes foot)
- Have severe circulation problems

Signature: _____

Date: _____

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