



INFANT AQUATICS MEDICAL AND EMERGENCY QUESTIONNAIRE
(All information will be treated in the strictest confidence)

Adult's name:
Relationship to baby:
Address

Tel No's:
Date of birth:
Baby's name:
Date of birth:

Male/Female:
Weight at birth:

Doctor's name:
Doctor's address:

Tel No:

If the adult named above is not the legal parent/guardian, then please complete the details below

Parent name:
Address:

Tel No's:
Relationship to baby:

In case of emergency please provide details of next of kin/emergency contacts

Name:
Address:

Tel No's:
Relationship:



General medical information

Please briefly any medical problems you had during pregnancy (include high blood pressure, back pain etc)

Please write a short description of your labour (include pain relief used, medical intervention etc).

Are you or your baby presently on any medication (please give details)?

Did your baby require any special care (please give details)?

Does your baby have any medical condition that Flutterbabies should be aware of?

Is there any further information you would like to make Flutterbabies aware of?

To be signed by the adult attending classes

I accept full responsibility for the health of baby and myself during the Flutterbabies infant aquatics sessions and should there be any medical change I will consult my Flutterbabies teacher. If I have any health concerns whatsoever I will consult my Flutterbabies instructor and take advice from my GP or Health Visitor.

Signed:
Print name:

Date:

To be signed by the legal parent/guardian if different from above

I authorize the above named person to attend Flutterbabies infant aquatics sessions with my baby. I take full responsibility for my child's health and safety whilst they are attending classes and I will inform the Flutterbabies instructor should there be any medial change with my baby. If I have any health concerns whatsoever I will consult the Flutterbabies instructor and take advise from my GP or Health Visitor.

Signed:
Print Name:

Date:
Parent/Guardian



ENROLMENT FORM

(All information will be treated in the strictest confidence)

Name:

Address:

Home Tel:

Mobile:

Email:

Relationship with baby:

Baby's name:

Male/Female:

Date of birth:

Please could you provide details of the quickest/easiest way that you would prefer us to reach you (or where we could leave a message), if in the unlikely event that we have to cancel a session on the day of a lesson(eg, call home or mobile, text, email etc)

[Please give brief details of any previous baby swimming experience](#)

Do you have any specific aims, requests or goals that you would like to achieve when attending Flutterbabies classes?

Would you be happy for your baby and/or you to be photographed whilst baby swimming (either for you personally or for promoting baby swimming)?

Yes/No or other comments

There may be times during a lesson where the instructor needs to have some form of physical contact with you or your baby (eg holding your baby, placing arms/shoulders in appropriate positions). This will always be done in a professional and courteous manner. Do you have any objection to necessary physical contact?

Yes/No or other comments

Do you have any other questions or comments about Flutterbabies sessions or baby swimming in general?

I have read and understand the Flutterbabies course documentation, have completed a medical questionnaire and Birthlight disclaimer form. I accept full responsibility for myself, my baby and my personal belongings whilst attending Flutterbabies classes.

Signed:

Date:

Print name:



DISCLAIMER

FLUTTERBABIES INFANT AQUATICS

Name:

As far as I am aware, I have disclosed to my Infant Aquatics teacher all information regarding my health and my child's health relevant to the practice of Infant Aquatics.

I take full responsibility for all applications of Infant Aquatics I may practice outside the Flutterbabies classes both now and in the future.

I accept that Flutterbabies does not take responsibility for any applications of its practices described or shown in books and videos. I fully understand that the recommendations, ideas and techniques expressed and described in Flutterbabies classes, as well as in books and videos endorsed by Birthlight, cannot be regarded as a substitute for the advice of qualified medical practitioners.

Any uses to which the recommendations, ideas and techniques are put are at my sole discretion and risk.

Signed:

Date: