



Medical Form

Child Name _____

1. Does your child have a diagnosis? (Physical & or cognitive) Yes No

If yes, please briefly explain.

2. Does your child have any medical conditions that we should be aware of? Yes No

If yes, please briefly explain.

3. Is he/she verbal? Yes No

If not, how do you communicate with the child best?

4. Does your child have any experience in the water without a life jacket? Yes No

If so, please tell us the milestones your child has reached!

5. Does your child have any behaviors? Yes No

If so please explain and how do you manage them best?

6. Is there a strong positive reinforcer that the instructor can use to motivate your child?

7. Does your child respond better to stern directions, or soft-spoken?

Signed _____

Date _____