**Consent Form (Guest)**

We are in the process of updating our guest records and would appreciate if you were able to complete the Contra-Indications checklist overleaf and to confirm that the guest named below is still currently able to access Phew Hydro Pool

Guest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Carer

I agree that consent has been given for:

Consent to Access the Hydro Pool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to use pool jets whilst in the pool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kind Regards

**HYDRO POOL**

**Contra-Indications Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRA-INDICATIONS** | **YES** | **NO** | **COMMENTS** |
| **ABSOLUTE** |  |  |  |
| Wound Infection |  |  |  |
| Skin Infection |  |  |  |
| G.I Problems/viruses |  |  |  |
| Recent CVA (not before 3 weeks) |  |  |  |
| Recent Pulmonary Embolism |  |  |  |
| Acute symptoms of DVT |  |  |  |
| \*\*Systemic Illness/Pyrexia |  |  |  |
| Cardiac Disease (Resting Angina) |  |  |  |
| Incontinence of urine/faeces |  |  |  |
| During a course of radiotherapy |  |  |  |
| Chlorine Allergy |  |  |  |
|  |  |  |  |
| **PRECAUTIONS** |  |  |  |
| Hypotension/Hypertension |  |  |  |
| Vertigo |  |  |  |
| Low Vital Capacity |  |  |  |
| Kidney Disease |  |  |  |
| Venflon or Hickman’s Line in Situ |  |  |  |
| Diabetes |  |  |  |
| Epilepsy |  |  |  |
| Thyroid Deficiency |  |  |  |
| Verrucae |  |  |  |
| Hemophilia |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\* Temperature must be normal 24 hours before Hydro