

STAN STRONGE POOL FOR PEOPLE WITH DISABILITY

Stan Stronge Pool provides a safe aquatic environment for individuals with disabilities. The water temperature of the main pool is 34°C and the whirlpool's temperature is between 38°C and 40°C. The facility is completely wheelchair accessible; Lifts are available for transfers; water wheelchairs are provided for using the ramp into the pool and there is a railing encircling the inside of the pool.

APPLICATION FOR POOL USE – Please print

Name: _____
(Last Name), (First Name)

Personal Health Number: _____

Address: _____
(Street) (City)

Postal Code: _____ Phone Number: _____

Date of Birth: _____ Email: _____
(Day) (Month) (Year)

Legal guardian: _____ Phone: _____
(As applicable)

Relationship to you: _____

Emergency Contact: _____
(Name) (Number)

Release of information: I, _____ authorize _____ to complete the following
(name of participant/guardian) (referring professional)

information for the purposes of registration in Stan Stronge Pool swim programs of my choice.

Signed: _____ Date: _____
(participant/guardian)

(over please...)

OFFICE USE Date Received: _____

Comments: _____

The following information must be completed by a Physician, Nurse Practitioner, Physiotherapist, Occupational Therapist, Social Worker, or Recreation Therapist

Patients's Diagnosis/Disability: _____
(reason for needing Stan Stronge Pool)

Other conditions pool staff should be aware of (as applicable):

Epilepsy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shortness of Breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Condition:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bladder Consideration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bowel Considerations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Medications (that may affect pool or hot tub activities): _____

Allergies (specify): _____

Behavioural Issues (specify): _____

Specialized Communication Methods (specify): _____

Mobility

☐Independent ☐Crutches ☐Walker ☐Wheelchair ☐Cane ☐Other _____

Transfers

☐Independent ☐Requires Assistance ☐Mechanical Lift

Range of Motion

☐No impairment ☐Some impairment Specify: _____

Please specify any other medical contraindications or considerations to a swimming program that Stan Stronge Pool staff should be aware of: _____

Referring professional's name (print): _____

Phone: _____

Address: _____

Referring professional's Signature: _____

☐ Physician ☐ Nurse Practitioner ☐ Physiotherapist ☐ Occupational Therapist ☐ Social Worker ☐ Recreation Therapist

Date: _____