



Cardinal Cushing Centers

SWIMMING POLICY

1. Parent/Guardians of all students must complete the recreation swimming permission form upon enrollment in Cardinal Cushing Center.
2. A Parent/Guardian of a student with a seizure condition must have the student's physician submit, or sign, a form permitting the student to participate. This may be part of the annual physical exam.
3. The Health Center will regularly inform the Recreation Director of any students who may not participate due to current health concerns. The nurses will also inform staff of any medical issues of concern regarding any students participating in the Swimming Program.
4. A file containing pertinent medical information of all students participating will be available at the swimming site.
5. Swimming will be allowed at approved facilities only. The following guidelines apply:
 - a) The Recreation Director will make an on-site inspection and approve the site.
 - b) All rules established by the facility being used will be followed.
 - c) A certified American Red Cross Lifeguard must be present.
 - d) There will be access to an emergency telephone.
6. Designated staff-to-student ratios must be maintained while participating in any Swimming Program.
7. Prior to swimming, staff must be aware of their student's individual needs, i.e. current seizure disorder, need for earplugs, etc. A list will be available in the Health Center, the Recreation Office, and at the Cardinal Cushing Center Pool.
8. Any student with a history of seizures, but who is without documentation of seizures within six months, must wear a t-shirt.
9. Any student with an active seizure disorder will wear a Class I, Coast Guard approved life jacket or have not less than a 1:1 staff-to-student ratio. The staff member must be within arms length of the student at all times.
10. All staff involved in the Swimming Program will review policies and emergency procedures as required by DEEC and the Department of Education.



Cardinal Cushing Centers

Hanover, Massachusetts 02339

RECREATIONAL SWIMMING

PERMISSION FORM

I hereby give _____ my permission to participate
(Name)
in the Cardinal Cushing Centers/Hanover Recreational Swimming Program and
acknowledge and accept the attached Swimming Policy.

I do not give _____ my permission to participate
(Name)
in the Cardinal Cushing Centers/Hanover Recreational Swimming Program.

Parent/Guardian Signature

Date