

Head Teacher Melindar Kaur

Interim Head of School Susan Wass

Deputy Headteacher Jodie Milson

Swimming – Parental Consent Form

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Class \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As part of your child’s education he/she will be undertaking swimming lessons this year. It is important that the swimming teacher has the following information concerning your child:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| • Does your child suffer from any of the following: |  |  |
|  Asthma (please bring inhaler to every swimming session) |  |  |
|  Epilepsy |  |  |
|  Sensory impairment e.g. deaf |  |  |
|  Grommets (recommend wearing a swimming cap & ear plugs) |  |  |
|  Diabetes  |  |  |
| • Does your child take medication on a regular basis? Give details:  |  |  |
| • Does your child have any other medical conditions? Give details: |  |  |
| • Please give details of any past or present injuries e.g. Fractures |  |  |

Swimming Ability:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Non-swimmer | 5m | 10m | 25m | 50m+ | Any other awards (please specify): |
|  |  |  |  |  |  |

*Chemicals in the water in swimming pools adversely affect my child’s eyes.*

*I give my permission for my child to wear goggles during swimming lessons and accept responsibility should my child be injured as a result of wearing goggles.*

*I am aware that my child will not be allowed to wear goggles for specific water or diving activities for safety reasons.*

*I am aware that all jewellery is to be removed prior to swimming activities*

Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note your child will not be allowed to swim unless this form is completed.**

**Please return this form to your child’s school.**