

# CONSENT FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE BEING ABLE TO SWIM IS ESSENTIAL

School .....

Name of Pupil .....Date of Birth.....

## SWIMMING ABILITY

- Is your child able to swim 50 metres? YES/NO
- Is your child water confident in a pool? YES/NO
- Is your child confident in the sea or in open inland water? YES/NO
- Is your child safety conscious in water? YES/NO

1 I would like .....(name) to take part in the specified visit and having read the information provided agreed to him/her taking part in the activities described.

2 I consent to any urgent medical treatment required by my child during the course of the visit.

3 I confirm that my child is in good health and I consider him/her fit to participate.

Signed ..... Date .....

Full name of parent/guardian: .....

Telephone numbers:

Home: ..... Work: .....

My home address is: .....

Name, address and telephone number of family doctor: .....

**THIS FORM OR A COPY SHOULD BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**