

SWIMMING – PARENTAL CONSENT FORM

Name:..... School:.....

Date of Birth:..... Class:.....

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 lesson) Epilepsy Sensory Impairment e.g Deaf Grommets (recommended 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:		
Does your child have any past or present injuries e.g. Fractures: Give details:		

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/Guardian

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.