

SWIMMING CONSENT  
Appendix 8i(1)

**CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE BEING ABLE TO SWIM IS ESSENTIAL AS PART OF A SCHOOL VISIT** – Consent does not remove the need for Group Leaders to ascertain for themselves the level of the student's swimming ability

<b>Name of Student:</b>		<b>Form:</b>	
<b>Proposed Trip:</b>			

- 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

I would like my child to take part in the specified visit and having read the information provided, I agree to him/her taking part in the activities described.

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

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

1. Name, address and telephone number of family doctor

Name of Doctor	Surgery Name and Address	Phone/Email	
		Telephone	
		Email	

2. Name and Address of Next of Kin in the order that you wish for them to be contacted in an emergency.

Name	Relationship	Home Address	Phone/Email	
			Home Work Mobile	
			Email	

<b>Signature of Parent</b>		<b>Date:</b>	
----------------------------	--	--------------	--

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