

SWIMMING CONSENT
Appendix 8iii(3)

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

Name of Student:		Form:	
Proposed Trip:			

- Is your child able to swim 50 metres? Yes No
- Is your child water confident in a pool? 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.

Please give contact details of persons in the order that you wish for them to be contacted in an emergency.

Name	Relationship	Home Address	Phone/Email	
			Home Work Mobile	
			Email	

Signature of Parent		Date:	
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**THIS FORM OR A COPY SHOULD BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**