

Yr 5 Swimming Consent for Autumn Term 2024

This form must be completed and signed:

I wish my child to be allowed to take part in swimming lessons for the Autumn Term. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by child arising during or out of the journey.

Please complete the following:

Child's Name: _____ Child's DoB: _____

Name and address of child's doctor: _____

My child has *No illness, allergy or physical disability (*please delete the one which does not apply)
*The following illness or physical disability

which necessitates the following medical treatment:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ (parent/guardian) Date _____

Parent name:	Alternative contact:
Relationship:	Relationship:
Telephone home:	Telephone home:
Mobile phone:	Mobile phone:

Please state an additional contact which will only be used in an emergency.

Name: _____ Telephone number: _____

Please return this form to Broadwater Church of England Primary School