

CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE BEING ABLE TO SWIM IS ESSENTIAL (HASPEV 11)

Consent does not remove the need for Group Leaders to ascertain for themselves the level of the pupil's swimming ability

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 Educational Visit and having read the information provided agree to him/her taking part in the activities described.

2. I consent to any emergency medical treatment required by my child during the course of the Educational 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 EDUCATIONAL VISIT, A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT