

Parental Consent Form – Swimming lessons

Visit Leader:

Please return to: **The school office**

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Your child will be involved in the swimming programme next term on Wednesday mornings.

They will need a one piece swimming costume, swimming hat and towel in a suitable bag.

Please note the first lesson will be on: **Wednesday** _____ and the last lesson will be on _____.

Group:

Place of visit: **Downham Market Swimming Pool**

Method of travel: Coach

To be completed and returned by the Parent/Guardian

I am willing for my child _____ Class _____ will have swimming lessons as part of the national curriculum.

My child has no medical condition preventing participation but the instructor should be informed of the following medical condition _____
(i.e Asthma, epilepsy, diabetes)

My child has a medical condition preventing participation and I enclose a doctor's note.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

My emergency telephone for this period of time will be: _____

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.