

Swimming Lessons Parental Consent Form

Please return to: The School Office by TUESDAY 14th January 2020

The Visit Leader (Ms Grint) 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 on Fridays, 1.15pm – 2.15pm.
They will need a swimming costume, swimming hat and towel in a suitable bag.
Please note the first lesson will be on Friday 17th January 2020.

Location of Pool: Hobart High School

Method of travel: By Coach

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To be completed and returned by the Parent /Guardian

I understand that my child _____ Year Group _____
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)

OR

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.

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 School immediately.