



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

Student Name _____

Form class _____

SWIMMING ABILITY

Is your child able to swim 50 metres? YES / NO

Is your child able to tread water for a minimum of two (2) minutes? YES / NO

Is your child confident in a swimming pool which has deep water provision
(Water to a depth greater than the height of your child) YES / NO

Is your child confident in the sea or in open inland water?
(Applicable when children take part in activities where being able to swim is essential) YES / NO

Is your child safety conscious in water? YES / NO

1. I would like _____ (name) to take part in the specified 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 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/carer: _____

Telephone numbers:

Home: _____ Work: _____

My home address is: _____

Name, address and telephone number of family doctor:

