

Consent form for swimming activities or activities where being able to swim is essential

Please note that parental consent does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability.

This form or a copy of it should be taken by the group leader on the visit. A copy should be retained by the study support club.

Swimming ability

- Is your child able to swim 50 metres? Yes/No
- Is your child 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 visit and, having read the information provided, I 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/guardian (print):

Relationship to child:

Telephone numbers:

Home: Work:

My home address is:

Name, address and telephone number of family doctor: