

## EDUCATION SWIMMING – PARENT/CARER CONSENT FORM

Name: .....	School: Marshland Primary Academy
Date of Birth .....	Class: Year 5
Address: .....	
.....	
..... Tel. No. ....	

*As part of your child's education he/she will be undertaking swimming lessons this year. It is important that the swimming teacher has up to date information regarding your young person. Please answer 'Yes' or 'No' to the following questions and provide extra information as necessary:*

Is the participant anxious about water?	Yes / No
Has the participant had any serious illness within the last three months?	Yes / No
Is the participant recovering from an accident, broken limb or injury of any kind?	Yes / No
Does the participant have epilepsy, convulsions, seizures or absencing of any kind?	Yes / No
Is the participant asthmatic? (inhaler to be taken to every session)	Yes / No
Is the participant diabetic?	Yes / No
Does the participant have any type of heart condition?	Yes / No
Any allergies including historical reactions to medication or plasters?	Yes / No
Does the participant have Grommets? (a swimming cap and ear plugs will need to be provided by the participant)	Yes / No
Does the participant have any type of visual or hearing impairment?	Yes / No
Is there any additional medical (including historical), behavioural or other condition?	Yes / No
Does the participant take medication on a regular basis?	Yes / No

If you have answered '**Yes**' to any of the above or wish to provide more information, please provide details below or attach additional information:

**Please indicate the participants swimming ability by ticking the most appropriate box:**

Non-swimmer	Can swim 5m	Can swim a width	Can swim a length or more	Any other Awards: (please specify)	Is your child currently on swimming lessons? If yes where?

**Consent:**

<ul style="list-style-type: none"> <li>I understand the nature of the education swimming sessions and consent to the participant engaging in the sessions.</li> <li>The participant understands that they must behave responsibly at all times and follow instructions from school and swimming pool staff.</li> <li>I and the participant understand that <b>earrings (studs are acceptable) and any other form of jewellery including watches must not be worn</b> to the swimming session.</li> <li>If I deem it to be appropriate, I will provide my young person with swimming goggles. I and the participant understand that the goggles are their responsibility at all times.</li> <li>The information I have provided in this form is accurate at the time of signing and I agree to inform the school as soon as possible of any changes that occur during the swimming programme.</li> </ul>	
Name of Parent/Guardian/Carer:	
Relationship to Participant:	
Signed:	
Date:	

**Your child will not be allowed to swim unless this form is completed.  
Please return to your child's school.**