

**CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES
WHERE BEING ABLE TO SWIM IS ESSENTIAL**

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

SWIMMING ABILITY

- Is your child able to swim 50 metres? YES/NO
- Is your child water 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, 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: _____

Telephone numbers:

Home: _____ Work: _____

My home address is: _____

Name, address and telephone number of family doctor: _____

**THIS FORM OR A COPY SHOULD BE TAKEN BY THE GROUP LEADER ON THE VISIT
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**