

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

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*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**