

RAVENSDALE JUNIOR SCHOOL

PARENTAL CONSENT FOR CURRICULUM SWIMMING

(To be distributed with an information sheet giving full details)

1. Details of visit to: _____

From: _____ Date/Time: _____ To: _____ Date/Time: _____

I agree to _____ (name) taking part in this visit and have read the information sheet. I agree to _____ 's participation in the activities described, including swimming. I acknowledge the need for them to behave responsibly.

2. Medical information about your child

(a) Any conditions requiring medical treatment, including medication? Yes No

Please give brief details of the condition below:
If your child requires medication, a parental consent form must also be completed.

(b) Please outline any special dietary requirements of your child:

(c) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? Yes No

If YES, please give brief details: _____

(d) Is your son/daughter allergic to any medication? Yes No

If YES, please give brief details: _____

(e) Can your child swim?

Yes

No

How far can your child swim? _____

Is your child water confident in a pool? Yes

No

Is your child safety conscious in water? Yes

No

I confirm that my child is in good health and I consider him/her fit to participate.

Please sign here: _____

(f) When did your son/daughter last have a tetanus injection? _____

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances during the period given above.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I consent to these confidential details being shared with medical professionals and venue staff as appropriate. I understand the extent and limitations of the insurance cover provided.

Contact information:

Work telephone number: _____ Home telephone number: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

Signed: _____ **Date:** _____

Full name (capitals): _____

This form or a copy must be taken by the Group Leader on the visit. A copy should be retained by the school/youth club contact.