



SWIMMING CONSENT FORM

In order for your child to participate in this activity, it is essential that you complete and return this form supplying relevant information and give consent as a Parent/Guardian. I agree to (name of pupil)..... taking part in the swimming sessions at Endeavour Global School. I am satisfied that he/she is in good health and that his/her health is adequate to cope with the activity and is not participating contrary to medical advice. In the unlikely event of an accident occurring when I cannot be readily contacted. I give my permission to the school to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary by the medical authorities.

Unique Student ID No:..... Class.....

Name of Parent/Guardian (*please print*).....

Signature:..... Date.....

Address:..... Tel No.....

PLEASE NOTE: It is crucial we are able to contact one of these two numbers in the event of an emergency.

The following information will assist the Party Leaders in caring for your child.

1. Can your child swim?YES / NO
2. Can your child swim 25m?YES / NO
3. Is your child confident in the pool?YES / NO
4. Is your child aware about the dangers of deep water?YES / NO
5. Does he/she suffer from any of the following?

Asthma **Hayfever** **Diabetes** **Epilepsy**

Are there any other medical conditions which you feel may be relevant?

Are they currently taking any medication?..... If YES, what medication?.....

Does your child have any known allergies? (E.g. Penicillin):.....

Blood Group if known..... Date of last tetanus injection.....

Name of Family Doctor.....Tel No.....

Address.....

In the event of any changes to the above information please inform the school as soon as possible.

Date:

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Date of receiving the form: _____

Received by: _____

Office Supdt

Bursar/HM