

SWIMMING – PARENTAL INFORMATION FORM

Name Chapel-en-le-Frith C of E VC Primary School

Date of Birth Class

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 /instructor has the following information concerning your child:

	Yes	No
<ul style="list-style-type: none"> Does your child suffer from any medical condition which may affect their safety whilst swimming, e.g. Asthma (please bring inhaler to every swimming session), Epilepsy Sensory impairment e.g. deaf Grommets (wearing a swimming cap & ear plugs is recommended) Diabetes, etc Please give details: 		
<ul style="list-style-type: none"> Does your child take medication on a regular basis? Please give details: 		

Swimming Ability:

Non-swimmer	5m	10m	25m	50m+	Any other awards (please specify):

Chemicals in the water in swimming pools adversely affect my child's eyes. I give my permission for my child to wear goggles during swimming lessons and accept responsibility should my child be injured as a result of wearing goggles. ☐

I am aware that my child will not be allowed to wear goggles for specific water or diving activities for safety reasons. ☐

I am aware that all jewellery is to be removed prior to swimming activities. ☐

Signature of Parent/Carer

Date

Please note - your child can only be excluded from school swimming on medical grounds as this is a part of the PE National Curriculum

Please return this form to school ASAP.