

Leeds & Broomfield CE Primary School
SWIMMING CONSENT FORM 2017-18

I wish my son/daughter _____ (name of child) to be allowed to take part in swimming lessons at Mote Park Leisure Centre. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during such visits.

I understand that travel will be by coach or minibus fitted with the correct seatbelts.

Please note: it is the parent's responsibility to inform us of any changes.

Please complete the following as is appropriate. *
Cross out which does not apply.

My child has:

no illness, allergy or physical disability*
the following illness, allergy or physical disability*

Date of Birth: / /
Name of own Doctor:
Doctor's Address:

which necessitates the following medical treatment:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Date _____
Parent/Guardian

Address _____

Telephone No
Home: _____ Work: _____ Mobile: _____

If not available at the above, please state an alternative contact.

Name: _____

Telephone No: _____

Please complete and return to the school office before your child's first swimming lesson. Thank you.