

Date: March 2021

**Swimming Consent Form**

Dear Parent/Carer

Under the supervision of qualified and experienced staff your son/daughter will be attending swimming lessons at TEWKESBURY SCHOOL pool during the autumn term. These lessons take place weekly, on a Tuesday. We would be grateful if you would fill in this form and **return it to school by Monday 19<sup>th</sup> April 2021.**

Name of pupil: .....

Address: .....

.....

Emergency telephone: .....

- Has your child, to your knowledge, been in contact with any infectious illnesses in the last 3 weeks? YES / NO – If yes please give details:

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- Does he/she suffer from diabetes, migraine, epilepsy or any other illness or disability? YES / NO – If yes please give details:

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- Is he/she allergic to anything? YES / NO – If yes please give details:

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- Is he/she receiving any medical treatment at present? YES / NO – If yes please give details:

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**DOCTORS DETAILS**

Name: .....Telephone Number: .....

Address: .....

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**PARENT CONSENT**

I agree to my son/daughter taking part in the above activity. I consent to any emergency medical treatment necessary particularly in any case where delay in obtaining my signature might be considered, in the opinion of a doctor, likely to endanger my child's health and safety.

Signature: ..... Print Name: .....