

Appendix 8i (1)

**CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE  
BEING ABLE TO SWIM IS ESSENTIAL AS PART OF A SCHOOL VISIT**

Consent does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability

SWIMMING ABILITY

- Is your child able to swim 50 metres? YES/NO
  - Is your child water confident in a pool? YES/NO
  - Is your child confident in the sea or in open inland water? YES/NO
  - Is your child safety conscious in water? YES/NO
1. I would like \_\_\_\_\_ (name) to take part in the specified visit and having read the information provided, agree to him/her taking part in the activities described.
  2. I consent to any emergency medical treatment required by my child during the course of the visit.
  3. I confirm that my child is in good health and I consider him/her fit to participate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of parent/guardian: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and telephone number of family doctor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS FORM OR A COPY SHOULD BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.