



**Headteacher – Ms C A McCollum**

**SWIMMING LESSONS  
SWANBOURNE C OF E SCHOOL**

Name of Pupil .....

Date of Birth.....

**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 safety conscious in water? YES/NO

1 I consent to my child taking part in swimming lessons at Swanbourne House School.

2 I consent to any urgent medical treatment required by my child during the course of the lesson.

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: .....

**Onsite Medical Consent Form**

Name of Pupil .....

Whilst at school I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I undertake to inform the headteacher/party leader as soon as possible of any change in the medical circumstances of my child, after the date below.

Signed .....(parent/guardian)

Signed ..... (parent/guardian) Date .....