



The Bliss Charity School

Can you please update your child's swimming and medical information and return to the school office by Monday 3rd December 2018.

1. I would like my child.....
2. I consent to any emergency medical treatment required for 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:

- Can your child swim 50 meters? Yes/no
- Can your child swim 25meters? Yes/no
- Can your child swim 10 meters? Yes/no

- Is your child water confident in a pool? yes/no
- Is your child safety conscious in water? Yes/no

- Does your child attend swimming lessons outside of school? If so please specify level e.g. ASA level 4

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Telephone number during Friday afternoons:

Any medical conditions we should be aware of:

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If your child has a verruca they must wear a swimming sock at all times whilst in the pool until it has gone.

If you would like your child to wear goggles please sign the form below:

(Please remember they need to be able to put on and take off their own goggles)

Please can my child have permission to wear swimming goggles during lessons.

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