

Hughenden Primary School
Parental Consent for Swimming Lessons at Wycombe Leisure Centre
Wednesday 10 January 2024 to Wednesday 27 March 2024

I give permission for my child, (insert child's name) in Year 3 to take part in weekly swimming lessons and acknowledge the need for my child to behave responsibly. I understand that my child will need to wear a swimming hat and goggles during the lessons, that they will not be out of their depth and that a life guard will be in attendance. I confirm that my child is in good health and I consider him/her fit to participate.

I enclose my contribution of £45.00 towards the cost of coach transport.

Medical Information

Any conditions requiring medical treatment, including medication? YES/NO

If yes please give brief details and ensure appropriate administrations of medicines form are completed in advance of the visit.

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Please outline any special dietary requirements for your child.

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Parent contact telephone numbers:

Work: Home:

Alternative contact details:

Name: Tel No:

Name and address of family doctor:

Name: Tel No:

Address:

Declaration

I agree to my child 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 understand the extent and limitations of the insurance cover provided.

I will inform the class teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Parent Signature: Date:

Full Name: